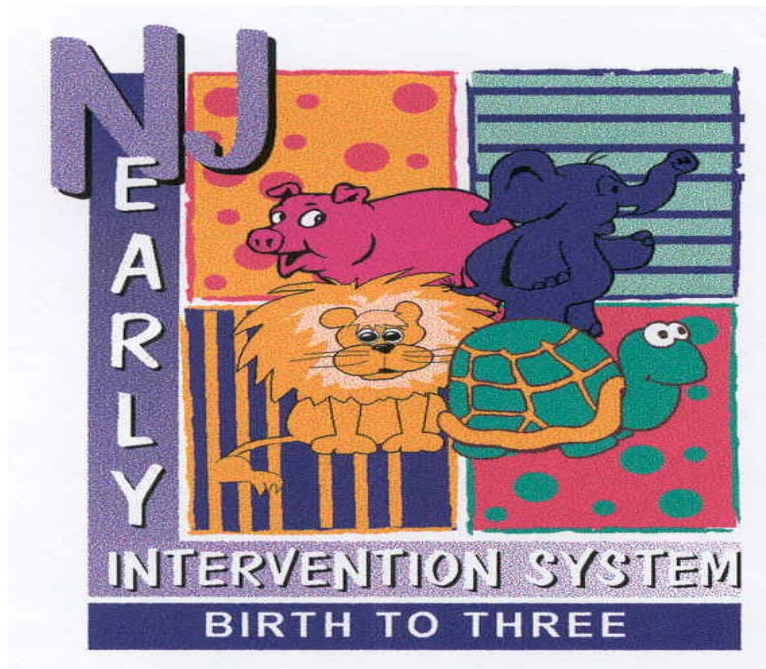


**NEW JERSEY  
EARLY INTERVENTION SYSTEM  
PART C STATE PERFORMANCE PLAN**



**New Jersey Department of Health and Senior Services  
Division of Family Health Services**



December 2, 2005

## **Overview of Part C System in New Jersey**

New Jersey is a geographically small northeastern state with a diverse population of 8,414,350 (9<sup>th</sup>) according to the 2000 U.S. Census. Despite its small geographic size New Jersey ranks first as the most populous state in the country. New Jersey is divided into three geographic regions: they are North Jersey, Central Jersey and South Jersey. North Jersey is within New York City's general area of influence; Central Jersey is largely suburban, while South Jersey is within Philadelphia's general area of influence. New Jersey has a twenty-one county governmental structure.

The U.S. Census Bureau estimates that New Jersey's median household income in 2003 was \$56,356, 2<sup>nd</sup> in the United States of America. The 2003 U.S. Census estimates include 343,154 children under three years of age in New Jersey. New Jersey has the 15<sup>th</sup> largest percentage of minority residents of any state and the 2<sup>nd</sup> highest percentage in the north.

The New Jersey Department of Health and Senior Services (DHSS) is the designated State Lead Agency for the Early Intervention System established under Part C of the Individuals with Disabilities Education Act. New Jersey has participated in the federal program since 1987. The Early Intervention System was originally located within the Department of Education in New Jersey. On October 1, 1993, the responsibility for the Early Intervention System was transferred to the DHSS.

NJEIS has established a system point of entry for children and families in each of the twenty-one counties through the Special Child Health Services Case Management Units (SCHS-CMUs). Grant/Contracts to the SCHS-CMUs are executed annually to ensure implementation of the Part C Early Intervention System, statewide. Assurances by the Early Intervention Provider Agencies (EIPs) included in the contracts address the use of Part C funds, compliance with NJEIS policies, NJEIS data reporting schedules & reports, and contract approval by the State Lead Agency.

Direct early intervention services are provided by Early Intervention Provider Agencies (EIPs) through contracts with NJEIS. Early Intervention Provider Agencies are contracted to serve as a comprehensive agency, a service vendor agency, and/or a targeted evaluation team (TET). Comprehensive agencies are expected to serve as an early intervention home for a child and family, providing all identified services on the IFSP. Service vendors serve as a backup in providing services not available through a comprehensive agency. Individual practitioners must be enrolled with the NJEIS through one of the contracted Early Intervention Provider Agencies.

DHSS has a structure in place to support activities that promote the implementation and enhancement of the NJEIS through four Regional Early Intervention Collaboratives (REICs). These REICs facilitate family and community involvement in the NJEIS and assure that local resources are coordinated to assist families to meet the needs of their infants and toddlers with developmental delays and disabilities. In addition, REICs are responsible for ensuring that families have an active voice in decision-making on Regional Boards. Each of the four REICs employs at least one full-time Training and Technical Assistance Coordinator and one full-time Family Support Coordinator. The Family Support Coordinator positions are required to be staffed by a parent of a child with a disability; while not mandatory, two of the Training and Technical Assistance Coordinators are staffed by parents of children with disabilities.

The mission of the NJEIS is to enhance the capacity of families to meet the developmental and health related needs of children birth to age three who have delays or disabilities by providing quality services and support to families and their children. Families from diverse racial, cultural, and socio-economic backgrounds will be involved in decision making at every level of the design, implementation, and evaluation of the Early Intervention System. The system will:

- Promote collaborative partnerships among the family, their community, service and health care providers, schools and child care programs that strengthen and enhance family competence to develop and use lasting networks of natural support.
- Provide a family centered approach which will be based upon the uniqueness of the family and its culture.

- Promote prompt service and support delivery in settings most natural and comfortable for the child and family and which foster opportunities for the development of peer relationships with children without disabilities.
- Reflect the current best practices in the field of early intervention in order to ensure uniformity of service delivery standards and yield the most positive outcome for the child and family.
- Recognize and respect the knowledge, beliefs, aspirations, values, culture and preference of families and utilize these for the planning and delivery of supports and services.
- Facilitate ongoing, system wide, participatory evaluation to ensure an effective and efficient Early Intervention System.

The NJEIS implements a general supervision system that identifies deficiencies, ensures correction in a timely manner and promotes enhanced performance and results for children and families. This is accomplished through the procedural safeguards system, Central Management System data performance analysis, agency self-assessment, family surveys, incident reports, improvement plans, corrective actions, on-site focused monitoring, training, technical assistance, and enforcement. The established regional CSPD system provides ongoing and continued availability of targeted training and technical assistance to program administrators, service coordinators, and service providers to address areas in need of improvement as well as areas of noncompliance as identified through general supervision activities.

Early intervention supports and services are provided in accordance with Part C statute and regulations. NJEIS policies and procedures are disseminated statewide in a variety of formats (hard copies, electronic files).

## **Overview of State Performance Plan Development**

NJEIS has a long standing commitment to the involvement of stakeholders in the implementation of the Part C early intervention system. In the spring of 1998, the Commissioner of Health and Senior Services, convened a group of early intervention stakeholders asking them to develop a set of recommendations to advise him on ways to improve the New Jersey Early Intervention System in order to create a more efficient and effective, family-centered, outcome driven program. The goal of the stakeholder task force was to develop recommendations for 1999 and beyond for the New Jersey Early Intervention System (NJEIS). Final recommendations were presented to the Commissioner by December 31, 1998 and stakeholders were engaged to address the recommendations.

In order to complete a self-assessment for Part C of the Individuals with Disabilities Education Act (IDEA) Continuous Improvement Monitoring Process, the New Jersey Department of Health and Senior Services convened a Part C Steering Committee in the fall of 1999. Stakeholder membership included the State Interagency Coordinating Council (SICC) and members of the stakeholder task force. This committee has continued to work with the NJEIS on Annual Performance Reporting.

In August of 2005, the Part C Steering Committee was invited to participate in the stakeholder group to initiate the development of a State Performance Plan (SPP) for NJEIS (IDEA-Part C) Early Intervention System as required in the Individuals with Disabilities Education Improvement Act of 2004. The U.S. Department of Education Office of Special Education Programs provided guidance and technical assistance to prepare the State for the development of this plan. Members of the Part C Steering Committee were selected to represent diverse areas, including parent and advocacy groups (i.e.; the Parent Training and Information Center, SPAN), parents of children with disabilities, private and public service providers, State Interagency Coordinating Council (SICC), early intervention service coordinators, targeted evaluation teams, personnel preparation, child care, and preschool special education (IDEA-Part B), Head Start and Early Head Start. In addition, efforts were made to ensure that the makeup of the Part C Steering Committee reflected geographic, gender, and ethnic diversity. A national Part C consultant was employed to facilitate the work of the Part C Steering Committee, while staff support was provided by individuals from the NJEIS State Office. Attachment 2 provides a detailed listing of members of the Part C Steering Committee.

The initial meeting of the Part C Steering Committee was held on August 25, 2005, at which time the SPP purpose, intent, and format were introduced. Information about the alignment of the SPP with the federal Continuous Improvement Monitoring Process (CIMP), Continuous Improvement Focused Monitoring System (CIFMS), and Annual Performance Reporting requirements was presented. Two workgroups were established to review information and measurement options from national centers for addressing child and family indicators. Each workgroup was asked to develop recommendations for New Jersey for the collection and reporting of child and family outcomes data.

On November 9, 2005 a meeting was held to review each of the fourteen indicators provided by OSEP, the group examined information that was provided by the State Lead Agency and workgroups, including overview and description of the system, baseline data and related discussion and explanation of baseline, and improvement activities, timelines and resources. Stakeholders established measurable and rigorous targets for performance indicators (#2, 5, 6, and 13) and also recommended additional improvement activities, timelines and resources for each indicator. The group engaged in discussion of new indicators (#3 and 4) and provided recommendations to the State Lead Agency to assist in defining methodology and data collection processes to respond to these indicators. Finally, members reviewed the baseline data and status for each of the compliance indicators for which targets are 100% (#1, 7, 8, 9, 10, 11, and 14) and provided recommendations for additional improvement activities, timelines and resources for each indicator.

In November 2005, a draft version of New Jersey's Part C State Performance Plan was disseminated electronically to the Part C Steering Committee for their review and distribution to colleagues and the constituencies they represent. State Interagency Coordinating Council (SICC) members, Individuals were able to submit questions and comments through November 22, 2005. Opportunities to provide input were also provided during the SICC November 18, 2005 meeting. Comments were incorporated into the SPP as appropriate and the plan was finalized and approved for submission to OSEP by December 2, 2005.

The NJEIS Part C Steering Committee will be reconvened in the fall of 2006 to provide input on the preparation for the February 1, 2007 Annual Performance Report (APR).

New Jersey's Part C State Performance Plan will be disseminated to the public through posting to the NJEIS webpage ([www.state.nj.us/health/fhs/eiphome.htm](http://www.state.nj.us/health/fhs/eiphome.htm)) and [www.njeis.org](http://www.njeis.org) website provided by the REICs. The SPP will also be disseminated to all of the above individuals electronically for distribution through their dissemination mechanisms (e.g. newsletters, websites, listservs. etc) throughout the State. For example, the state Parent Training and Information Center (PTI), SPAN, has offered to disseminate the information through their newsletter and website.

The NJEIS is very fortunate to have an extremely committed group of individuals who spend considerable time working on early intervention state, regional and local initiatives.

## Part C State Performance Plan (SPP) for 2005-2010

**Overview of the State Performance Plan Development:** See overview description on page two

### Monitoring Priority: Early Intervention Services In Natural Environments

**Indicator 1:** Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner.

(20 USC 1416(a) (3) (A) and 1442)

#### Measurement:

Percent = # of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner divided by the total # of infants and toddlers with IFSPs times 100.

Account for untimely receipt of services.

#### Overview of Issue/Description of System or Process:

NJEIS has established with Part C Steering Committee input a policy for “timely services” as “All services are provided within 30 calendar days from the date the initial IFSP is signed by the parents documenting consent for the services on the IFSP.”

- Each approved early intervention provider agency and service coordination unit is required to provide necessary documentation to complete enrollment with the NJEIS for both the agency and all practitioners providing early intervention services. The enrollment process serves as a monitoring tool to ensure that all practitioners meet personnel standards. As of November 1, 2005 the NJEIS has:
  - Service Coordinator Units: 22 Units
  - Early Intervention Provider Agencies: 83 EIPs
- A child/family's eligibility and related IFSP services are delivered in accordance with the following procedures:
  - NJEIS and/or Regional Early Intervention Collaboratives (REICs) maintain a listing identifying the agencies providing services for each county by:
    - Status as an evaluation team, comprehensive agency and/or service vendor agency.
    - Status as a primary or back-up agency for a specified county.
    - REIC regional service areas where provider agencies have agreed to assigned geographic areas serving as the primary, secondary ...agency.
  - Service Coordinators request participation of a comprehensive Early Intervention Provider Agency in the development of an initial IFSP at least five (5) business days prior to the initial IFSP team meeting.
  - Service Coordinators email to all potential comprehensive Early Intervention Provider agencies a notice requesting a response to accept or decline attendance at the initial IFSP meeting within two (2) business days of the request.
  - Service Coordinators review the comprehensive Early Intervention Provider Agency responses and assign the child on the second day following the date of request, based on the following criteria.
    - Timely response within two (2) business days of the request.
    - Ability to attend the initial IFSP meeting.
    - Priority order of assignment of comprehensive Early Intervention Provider Agencies agreed to by agencies for the county, if relevant.
  - If a comprehensive Early Intervention Provider Agency attends the initial IFSP meeting in accordance with the above criteria and is able to provide all of the needed services to the child and family, then the comprehensive Early Intervention Provider Agency is assigned.

- If a comprehensive Early Intervention Provider Agency attends the Initial IFSP meeting but is unable to provide all needed services or a comprehensive is unavailable to participate in the meeting, the Service Coordinator emails to all potential Early Intervention Provider agencies a notice requesting a response to accept or decline assignment of a child in need of services within five (5) business days of the request. The notice will:
  - Identify a need for either a comprehensive Early Intervention Provider Agency or service vendor.
  - Identify the county, town and zip code of the child's address.
  - Identify service needs including:
    - Service type(s)
    - Specific knowledge, skills or expertise needed
    - Translation services when needed
    - Projected service start and end dates
    - Intensity
    - Frequency
    - Location
  - Request the Early Intervention Provider Agency's ability to provide full or partial services.
  - Request a projected start date for specific services.
- Service Coordinators review the Early Intervention Provider Agency responses and assign the child on the fifth day following the date of request, based on the following criteria:
  - Timely response within five (5) business days of the request.
  - Ability to meet the total service needs of the child and family (act as the comprehensive EI home program).
  - Priority order of assignment agreed to by agencies for the county, if relevant.
- If a comprehensive Early Intervention Provider agency is unable to provide the total service needs, the Service Coordinator moves down the priority listing of both comprehensive and service vendor agencies until an Early Intervention Provider Agency is identified to provide comprehensive services.
- If none of the Early Intervention Provider Agencies responding to the notice can meet the total needs of the child and family, the Service Coordinator assigns the child to the first that can provide the most comprehensive services. The Service Coordinator identifies a service vendor for the remaining service needs. The service vendor remains as the provider of the specific service until the periodic review of the IFSP or until it can no longer meet the service needs.
- In order to ensure services are provided within the state policy for timely services, when no practitioner is available within the state provider network, a family is authorized to utilize a provider outside the state network to provide the early intervention service.
- If a service vendor is assigned to provide the total comprehensive services for a child and family, the agency has the right to remain as the assigned Early Intervention Provider Agency for the duration of the child's enrollment or until the service vendor can no longer meet the service needs, whichever occurs earlier.
- When necessary, Service Coordinators assigns additional assessments to the comprehensive Early Intervention Provider agency providing the most service needs of the child and family. If the comprehensive Early Intervention Provider Agency can not complete the assessment in a timely manner, the Service Coordinator contacts the Targeted Evaluation Team to conduct the assessment.

#### **Baseline Data for FFY 2004 (2004-2005):**

71% of infants and toddlers with IFSPs receive the early intervention services on their IFSPs in a timely manner.

88% of infants and toddlers with IFSPs receive the early intervention services on their IFSPs within 45 days of the IFSP consent date.

### **Discussion of Baseline Data:**

NJEIS needs to emphasize that these data do not adequately reflect performance in this area at this time.

The current electronic System Point of Entry (SPOE) data system is designed to collect the IFSP consent date, authorization start date and practitioner(s) for each service agreed to within the IFSP and claims information that identifies the date each service is provided for the first time. The new requirement for a definition of timely and the measurement for this indicator provided under the SPP were not made available to states until August 2005. A significant and costly revision to the NJEIS data collection system is necessary in order to accurately respond to this requirement. Revisions of this nature can take up to twelve months to implement. Therefore NJEIS is providing the data as required but cannot attest to the accuracy of this data and anticipates a baseline revision in the 2007 APR.

There are a number of issues with the current data system that hinder the ability to accurately report on the provision of timely services. These include:

- The current electronic data system does not capture family reasons for delay, child illness, and hospitalization.
- The current electronic data system does not distinguish between the first date the service was provided based on the initial IFSP consent and the initial date of the provision of a new service added through an IFSP review. In addition, the electronic data system does not document the date a revision is made to the IFSP, therefore it can not distinguish the time lapse between IFSP consent and provision of a new service. As a result, the data may inaccurately conclude untimely provision of a service to a child when in fact the services on the initial IFSP were provided within the state's definition of timely.
- In order to ensure services are provided within the state policy for timely services, when no practitioner is available within the state provider network, a family is authorized to utilize a provider outside the state network to provide the early intervention service. Currently there is no way to record these services in the electronic database. Therefore these services will appear as not timely.
- To obtain baseline for this indicator, SPOE data was run on children that received an initial IFSP in January 2005. The claim data on these children were analyzed for services included on the IFSP.
- An inquiry was conducted with one county to determine the extent to which the SPOE data accurately reflected performance in the county. The results of the inquiry were as follows:
  - For any child that service was started more than thirty days after the IFSP consent the service coordination unit was requested to review the child's record and provide additional information on the delay.
  - In fact, all delays were due to family reasons or data errors. Therefore, no findings of non-compliance were made in this county. It confirmed concerns that the SPOE data currently available does not necessarily reflect performance in this area.
  - The DHSS-EIS will proceed to complete an Inquiry Desk Audit to obtain additional information on the reasons for delay of services on an IFSP in a timely manner.
  - For each child listed on the inquiry, the service coordination unit will provide the reason for delay, name of the Early Intervention Provider Agency and, the date assigned to the agency.
  - The inquiry delay reason options are as follows:
    - Total of family delays;
    - Total of child illness/hospitalization;
    - Total of services added through IFSP review;
    - Total of services being provided through compensation as authorized by DHSS-EIS;
    - EIS delay (EIP, service coordinator, no practitioner available)
  - For any NJEIS delays, the agency must indicate the reason/barriers that affected meeting the timeline, the agency response to the reason/barrier, and the status of the problem.
  - For any delays due to inconsistent data between SPOE and the Service Coordination Unit, the DHSS-EIS Monitoring Team conducts follow-up with the early intervention provider agency.
  - Based on the information received from the inquiries, any findings of noncompliance in this area will be made as necessary. In those instances, a corrective action plan with required

evidence of change will be developed and correction of noncompliance will be ensured as soon as possible but no later than one year from the date of identification of the noncompliance.

<b>FFY</b>	<b>Measurable and Rigorous Target</b>
<b>2005</b> (2005-2006)	<b>100%</b> percent of infants and toddlers with IFSPs will receive the early intervention services on their IFSPs in a timely manner.
<b>2006</b> (2006-2007)	<b>100%</b> percent of infants and toddlers with IFSPs will receive the early intervention services on their IFSPs in a timely manner.
<b>2007</b> (2007-2008)	<b>100%</b> percent of infants and toddlers with IFSPs will receive the early intervention services on their IFSPs in a timely manner.
<b>2008</b> (2008-2009)	<b>100%</b> percent of infants and toddlers with IFSPs will receive the early intervention services on their IFSPs in a timely manner.
<b>2009</b> (2009-2010)	<b>100%</b> percent of infants and toddlers with IFSPs will receive the early intervention services on their IFSPs in a timely manner.
<b>2010</b> (2010-2011)	<b>100%</b> percent of infants and toddlers with IFSPs will receive the early intervention services on their IFSPs in a timely manner.

#### **Improvement Activities/Timelines/Resources:**

NJEIS is in design development on changes to the electronic data system to ensure the availability of data on the provision of timely services. The improvement activities below reflect the planning for these changes.

<b>Improvement Activities</b>	<b>Timelines</b>	<b>Resources</b>
Enhance the SPOE database to record the date of the initial IFSP meetings and all IFSP reviews as a data element. This record would include the date of the meeting and the date the parents consent to any IFSP service.	Completed by Fall 2006	NJEIS State Staff Covansys Contractor
Enhance the SPOE database to enable NJEIS to link authorizations with a specific IFSP meeting or review. By linking authorizations with these dates, timely services can accurately be measured from the IFSP consent date.	Completed by Fall 2006	NJEIS State Staff Covansys Contractor
Enhance the SPOE database to allow the reassignment of an authorization to a different agency or practitioner while keeping the authorization associated with the IFSP meeting/review that added the service to the child's IFSP.	Completed by Fall 2006	NJEIS State Staff Covansys Contractor



<b>Improvement Activities</b>	<b>Timelines</b>	<b>Resources</b>
Enhance the SPOE database to allow an authorization to be created before an agency/practitioner has been assigned to provide a service. This allows NJEIS to track all authorizations for timely delivery of service. Once an agency/practitioner is assigned to the service the authorization can be modified.	Completed by Fall 2006	NJEIS State Staff Covansys Contractor
At the completion of the enhancement to the SPOE database, monitoring activities on the provision of timely services will be conducted annually including a desk audit, inquiry to obtain additional information from counties, issuance of findings of noncompliance if necessary, implementation of corrective action plans, provision of technical assistance, and assurance of correction of noncompliance in accordance with federal requirements.	Winter 2006 - 2011	NJEIS state Monitoring staff SPOE Database
Once the SPOE enhancement is complete, analyze data on "untimely" services to determine if patterns exist in type of service, type of discipline, variations in frequency and intensity of service need/provisions, county area, etc. to determine gaps in access and availability of necessary services. Plans to address any identified needs will be developed and implemented.	Fall 2007 - 2011	NJEIS state staff SPOE Database REICs SICC NJEIS Part C Steering Committee
Continue to facilitate enrollment of new service vendor agencies to increase availability to access to services.	2005- 2011	NJEIS staff, REIC, SICC
Collaborate with the NJ Department of Education, Office for Special Education Programs Personnel (OSEP) Grant to address activities to enhance practitioner recruitment and retention.	Fall 2005 – Summer 2008	NJEIS staff, NJEIS- CSPD, NJOSEP, Institutions of Higher Education (IHEs)
Compensatory services are provided to families in instances in which services have not been provided in a timely manner. This is identified through informal and formal family contacts to the Procedural Safeguards Office or the NJEIS Central Management Office.	2005 - 2011	NJEIS state staff Mediators Hearing Officers SPOE Database
When no practitioner is available within the state provider network, a family is authorized by NJEIS to utilize a provider outside the state network to provide the early intervention service to ensure that services are provided within the state policy for timely services.	2005 - 2011	NJEIS staff Service Coordinators

## Part C State Performance Plan (SPP) for 2005-2010

**Overview of the State Performance Plan Development:** See overview description on page two

### Monitoring Priority: Early Intervention Services In Natural Environments

**Indicator 2:** Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or programs for typically developing children.

#### Measurement:

Percent = # of infants and toddlers with IFSPs who primarily receive early intervention services in the home or programs for typically developing children divided by the total # of infants and toddlers with IFSPs times 100.

#### Overview of Issue/Description of System or Process:

In SFY 1998, DHSS led the State through a significant systems change to help ensure that early intervention services are provided in a variety of natural environment settings. NJEIS implements policies and procedures to ensure compliance and facilitate the provision of early intervention supports and services in home and community settings throughout New Jersey unless early intervention cannot be achieved satisfactorily in a natural environment.

NJEIS requires the use of statewide intake and IFSP forms that include a standard format to gather family information about child and family schedules and routines, as well as families' concerns, priorities and resources. This, in addition to orientation training and instructional materials encourages practitioners and families to consider options for delivery of services in natural environment locations other than home. In focus groups with families conducted by the PTI, SPAN, in collaboration with the REIC Family Support Coordinators, families indicated an interest in having more services delivered in community settings and in receiving assistance from the Early Intervention System in making their communities more welcoming to their children and families.

The data entry procedures require that all IFSP service pages are submitted to the REIC and those with other than natural environment locations are referred to the REIC training and technical assistance coordinators for review. The review includes ensuring that: (1) a justification is provided; and (2) the justification is child centered. As necessary any non-compliance is corrected and technical assistance provided.

#### Baseline Data for FFY 2004 (2004-2005):

99.14% of infants and toddlers with IFSPs primarily receive early intervention services in the home or programs for typically developing children.

#### Discussion of Baseline Data:

The December 1, 2004 Child Count was 7790 infants and toddlers. Of this child count 7,723 received their early intervention services in natural environment settings as follows:

- 7,351 in the home setting; and
- 372 in settings designed for typically developing children

Since these data only report primary setting, the data do not capture when services are provided in other than the primary setting. For example, two hours of developmental intervention may be provided in the home and one hour in the child care setting. The services provided in the child care

center are not reflected in the settings data reported. In addition, in some instances, services recorded as provided in the home occur in community settings such as the neighborhood playgrounds, grocery stores and libraries.

<b>FFY</b>	<b>Measurable and Rigorous Target</b>
<b>2005</b> (2005-2006)	99.15 percent of infants and toddlers with IFSPs will primarily receive early intervention services in the home or programs for typically developing children.
<b>2006</b> (2006-2007)	99.20 percent of infants and toddlers with IFSPs will primarily receive early intervention services in the home or programs for typically developing children.
<b>2007</b> (2007-2008)	99.30 percent of infants and toddlers with IFSPs will primarily receive early intervention services in the home or programs for typically developing children.
<b>2008</b> (2008-2009)	99.40 percent of infants and toddlers with IFSPs will primarily receive early intervention services in the home or programs for typically developing children.
<b>2009</b> (2009-2010)	99.45 percent of infants and toddlers with IFSPs will primarily receive early intervention services in the home or programs for typically developing children.
<b>2010</b> (2010-2011)	99.50 percent of infants and toddlers with IFSPs will primarily receive early intervention services in the home or programs for typically developing children.

**Improvement Activities/Timelines/Resources:**

<b>Improvement Activities</b>	<b>Timelines</b>	<b>Resources</b>
Using the SPOE database, run and disseminate an annual report ranking the twenty-one counties' performance on this indicator based on December 1 child count.	February 2007	NJEIS State Staff SPOE Database
Collaborate with the Council on Developmental Disabilities (CDD) on their Part C Planning and Implementation Grants to enhance inclusive community resources and supports for families.	January-December 2006	NJEIS SICC REICs CDD
Review state and county data from the NCSEAM and NJEIS Regional Family Surveys to identify patterns in providing services in and/or linking families to community supports and services. Develop and implement activities based on survey results.	Fall 2006	NJEIS REICs SICC Part C stakeholders
Continue to review settings data from the SPOE database to inform progress in provision of service in natural environments.	2005-2011	SPOE Database NJEIS SICC Steering Committee

Once the new web-based enhancement to the SPOE database is available, the following information will be reviewed to inform CSPD efforts: family information, child and family outcomes, services, supports and settings.	Summer 2007-2011	SPOE Database NJEIS REICs
Review the family assessment page of the IFSP, IFSP Instructions and Orientation materials to ensure that they specifically reflect the child and family outcomes developed by the Early Childhood Outcome Center.	April 2006	NJEIS REICs
Enhance collaboration with community based partners to identify existing community supports, develop a plan to make connections and provide professional development. The purpose is to connect families with community supports and services that are not specifically targeted to individuals with disabilities.	2007-2008	NJEIS SICC REICs CDD-Division of Prevention and Community Partnerships
Create links on NJEIS and advocacy organization websites to assist families in accessing services and supports identified on the "other non-required page" of the IFSP.	2006-2011	NJEIS SICC Advocacy Organizations

## Part C State Performance Plan (SPP) for 2005-2010

**Overview of the State Performance Plan Development:** See overview description on page two

### Monitoring Priority: Early Intervention Services In Natural Environments

**Indicator 3:** Percent of infants and toddlers with IFSPs who demonstrate improved:

- A. Positive social-emotional skills (including social relationships);
- B. Acquisition and use of knowledge and skills (including early language/ communication); and
- C. Use of appropriate behaviors to meet their needs.

(20 USC 1416(a) (3) (A) and 1442)

#### Measurement:

A. Positive social-emotional skills (including social relationships):

- a. Percent of infants and toddlers who reach or maintain functioning at a level comparable to same-aged peers = # of infants and toddlers who reach or maintain functioning at a level comparable to same-aged peers divided by # of infants and toddlers with IFSPs assessed times 100.
- b. Percent of infants and toddlers who improve functioning = # of infants and toddlers who improved functioning divided by # of infants and toddlers with IFSPs assessed times 100.
- c. Percent of infants and toddlers who did not improve functioning = # of infants and toddlers who did not improve functioning divided by # of infants and toddlers with IFSPs assessed times 100.

If children meet the criteria for a, report them in a. Do not include children reported in a, in b, or c. If a + b + c does not sum to 100%, explain the difference.

B. Acquisition and use of knowledge and skills (including early language/communication):

- a. Percent of infants and toddlers who reach or maintain functioning at a level comparable to same-aged peers = # of infants and toddlers who reach or maintain functioning at a level comparable to same-aged peers divided by # of infants and toddlers with IFSPs assessed times 100.
- b. Percent of infants and toddlers who improved functioning = # of infants and toddlers who improved functioning divided by # of infants and toddlers with IFSPs assessed times 100.
- c. Percent of infants and toddlers who did not improve functioning = # of infants and toddlers who did not improve functioning divided by # of infants and toddlers with IFSPs assessed times 100.

If children meet the criteria for a, report them in a. Do not include children reported in a, in b, or c. If a + b + c does not sum to 100%, explain the difference.

C. Use of appropriate behaviors to meet their needs:

- a. Percent of infants and toddlers who reach or maintain functioning at a level comparable to same-aged peers = # of infants and toddlers who reach or maintain functioning at a level comparable to same-aged peers divided by # of infants and toddlers with IFSPs assessed times 100.
- b. Percent of infants and toddlers who improved functioning = # of infants and toddlers who improved functioning divided by # of infants and toddlers with IFSPs assessed times 100.
- c. Percent of infants and toddlers who did not improve functioning = # of infants and toddlers who did not improve functioning divided by # of infants and toddlers with IFSPs assessed times 100.

If children meet the criteria for a, report them in a. Do not include children reported in a, in b, or c. If a + b + c does not sum to 100%, explain the difference.

### **Overview of Issue/Description of System or Process:**

State-contracted Targeted Evaluation Teams (TETs) conduct eligibility evaluations and assessments for IFSP planning. The TETs use a variety of evaluation tools, procedures, family reports and clinical opinion to determine eligibility and conduct assessments. Utilizing these teams, NJEIS plans to implement a statewide Outcome evaluation system to support OSEP requirements for submitting child outcome data. In addition, a General Supervision and Enhancement Grant (GSEG) has been submitted to assist with the development and implementation of a child outcome data collection and reporting system.

The following details the steps that NJEIS intends to implement during 2006. Some of these activities will be dependent upon receiving the GSEG.

- **Consensus with stakeholders concerning child outcome timelines, processing and sampling.**
  - To develop a plan for this indicator a Child Outcome Workgroup was established with members of the State Part C Steering Committee, NJEIS state staff, REIC staff, evaluation/assessment experts. The child outcome workgroup established the following criteria (in order of importance) to guide the selection of an outcome instrument(s):
    1. Be commercially available.
    2. The domains and scoring should match or crosswalk closely to the Indicators.
    3. Be norm-referenced to better answer the data reporting of "comparable to same age peers".
    4. Be able to replace (if possible) one or more tools currently used by Targeted Evaluation Teams to help determine eligibility.
    5. Have good reliability and validity.
    6. Be administered by practitioners with the qualifications of current Targeted Evaluation Team members. Several tests are designed to be administered only by licensed Ph.D.s or social workers. Many of the NJEIS Targeted Evaluation Team members do not fit these criteria.
    7. Be able (if possible) to serve the needs of EIS and 619, so that EIS exit data would be 619 entry data. This would require a tool that covers at minimum age birth-5.
  - The workgroup used the work of the EIS Evaluation Tools Workgroup and their position paper of 2002, requested input from current Targeted Evaluation Teams and used workgroup member clinical experience and knowledge to sort through commercially available tools. Through that process no less than 10 tools were considered and were not recommended by the workgroup for failure to meet one or more of the criteria. After further review and discussion, the workgroup recommended the use of the Battelle Developmental Inventory 2<sup>nd</sup> edition (BDI-2).
  - The Battelle Developmental Inventory 2<sup>nd</sup> edition (BDI-2) meets the criteria set by the workgroup in the following ways:
    1. Is commercially available (criteria 1)
    2. Domains crosswalk and answer the OSEP indicator (criteria 2, see below)
    3. Is a norm referenced tool (criteria 3)
    4. Can be used to determine eligibility (criteria 4)
    5. Has published reliability and validity information (criteria 5)
    6. Can be administered by practitioners with the qualifications of current Targeted Evaluation Team members (criteria 6)
    7. Age ranges are from 0-8, thereby serving the needs of the EIS and 619 groups (criteria 7)
  - Further support for the use of the BDI-2 includes:
    1. The availability of a Spanish edition
    2. The BDI-2 contains new norms
    3. The BDI-2 can be adapted to special needs such as visual and hearing impairments;
    4. Both hand scoring and computer scoring options are available
  - The workgroup determined that the Indicators to be reported to OSEP can be met by using the BDI-2 in the following way:

- Indicator 3A – Children have positive social relationships. The BDI-2 domain of Personal/Social includes sufficient information on adult and peer interaction, self-concepts and social growth to answer the Indicator 3A.
- Indicator 3B – Children acquire and use skills and knowledge including language and communication. The BDI-2 domains of Cognition and Communication include sufficient information on expressive and receptive language, attention and memory, concept development, reasoning and academic skills and perceptual discrimination to answer Indicator 3B.
- Indicator 3C– Children take appropriate actions to meet their needs. The domains of Motor and Self-help contain sufficient information related to fine motor skills, gross motor skills, personal responsibility and self-care to answer Indicator 3C.
- Implementation: Members of the Child Outcomes Workgroup met with the publisher of the BDI-2 in November 2005 to discuss the training requirements of this instrument and costs. DHSS anticipates using the available web-based software in order to ensure accurate scoring of the instrument.
- Training Plan: In order to correctly collect the information needed to report on Indicator 3A, 3B and 3C, Targeted Evaluation Team members will receive training on both the instrument (BDI-2) and the NJEIS specific policies and procedures necessary to ensure accurate and timely data collection.
  - DHSS currently has over 20 Targeted Evaluation Teams that will need to be trained to administer the BDI-2 correctly and accurately. Each team will have a capacity within the team of members (DHSS determined) that are fully trained in the administration of the BDI-2.
  - DHSS will conduct training via professional trainers. Trainings will be conducted in small groups and the Targeted Evaluation Team members will be assessed for inter-rater reliability.
  - Following the completion of the BDI-2 training, members of the Targeted Evaluation Team will be given a certificate of completion and information added to their individual practitioner profile on file with NJEIS. Only evaluators with this designation will administer the BDI-2 for child outcome reporting. Monitoring of this requirement will be done through the current authorization process.
  - After an evaluator has been trained and certified in the administration of the BDI-2, they will be trained on NJEIS policies and procedures for submitting the individual information for each child they evaluate.
  - NJEIS will create, publish and distribute written instructions for the team members to follow. These instructions will include safeguards for privacy as well as provisions for timely submission of the data.
- **Receive input and feedback from stakeholders concerning the collection and sampling of outcome data.** Outcomes data will not only be available on a child-basis, it will be available and aggregated on a provider agency, county, regional and statewide level. The amount and availability of outcome data will be able to be leveraged by numerous entities in decision-making positions. The sampling plan for exiting will be designed between February 2006 and October 2006.
- **Receive input and feedback from family members concerning the summary information that should be available to families upon exiting the Part C system.** NJEIS will work with stakeholders including family members and SPAN (PTI) to outline the requirements concerning information that should be provided to families upon their child exiting NJEIS.
- **Enable stratified sampling for effective monitoring.** State requirements for stratified sampling will be collected and incorporated into the design of the outcomes measurement system. NJEIS proposes to consider using stratified sampling of children as they exit Part C. NJEIS is proposing to report outcome results based upon a number of distinct groups. In order to support this requirement a method of selecting children to sample has to be developed. When a child is getting close to exiting the Part C system the Service Coordinator would enter the child's name or Child State ID into a database. If the child meets State-defined selection criteria the service

coordinator would be informed to initiate an exiting evaluation. The initial groups that may be sampled include: 1) Statewide Outcome measurement; 2) All Agencies once every three years; 3) All 21 County Service Coordination Units. At the present time it is assumed that **Statewide Stratification** would involve: A) Initial IFSP Date to Projected Exit Date at least 6 months; or B) Initial IFSP Date to Exit Test Date at least 6 months; and C) Children with authorization for services with any agency for at least 6 months; and D) Select 5% of exiting children that meet these criteria. **Agency Stratification** would involve: A) Initial IFSP Date to Projected Exit Date at least 6 months; or B) Initial IFSP Date to Exit Test Date at least 6 months; and C) Children with authorization for services with Agency "X" for at least 6 months; and D) Select 20% of exiting children that meet these criteria with Agency "X", the percentage would be adjusted on a case by case basis based on the size of the agency. **Service Coordination Unit Stratification** would involve: A) Initial IFSP Date to Projected Exit Date at least 6 months; or B) Initial IFSP Date to Exit Test Date at least 6 months; and C) Select 20% of children that exit meet these criteria with this **Service Coordination Unit**. The percentage would be adjusted on a case by case basis based on the size of the **Service Coordination Unit**.

- If a child meets one or more of these selection criteria then the service coordinator would be instructed to provide written prior notice and obtain written parent consent before schedule an exiting assessment. The service coordinator would not be informed of why the child was selected. A child could be selected for one or more selection criteria. In order to monitor the selection process the reasons that a child's record was selected would be logged within the database.
- There would be a web-based report that monitors the selection process and the fact that an exiting assessment was conducted and entered into the database. This report would be viewable by DHSS, Regional Early Intervention Collaboratives (REICs), Service Coordination Units/Service Coordinators, Provider Agencies/ Practitioners. A web-based report would be incorporated into the database to monitor those children that exited without being checked to identify if they would have been an Outcome Selected Case.
- **Enable an Outcome report to be provided to families upon exit from Part C.** NJEIS plans to evaluate all infants and toddlers as part of the intake process into the NJEIS. Significant numbers of infants and toddlers will be evaluated upon exit or upon other stratified sampling during the course of the child's involvement in Part C. For those children that have been evaluated an Outcome report should be generated online and be printed and given to the parents upon exit from Part C. This report will provide information to the parents about the evaluation conducted for their child. Special care will need to be taken to ensure this report is presented to families in a format that is understandable and supportive to family members. The stakeholders will be especially valuable during this report composition.
- **Review and analyze the Outcome data and determine statistical 'pitfalls' to the approach.** NJEIS will review the collected data and determine the data that are valid and accurate. Determinations will need to be completed to insure that the information reported to OSEP and State decision-makers is statistically valid and significant. The steps completed during this time will be documented and reported to OSEP to insure that the Outcome data is valid as reported.
- **Construct and communicate baseline data that will be reported to OSEP and other stakeholders.** NJEIS will conduct periodic reporting to the State Interagency Coordinating Council, Part C Steering Committee and Annual Performance Reporting to OSEP and the public.

#### **Baseline Data for FFY 2004 (2004-2005)**

Entry level baseline will be reported in Annual Performance Report (APR) to be submitted to the federal Office of Special Education Programs (OSEP) February 1, 2007. The first progress measure will be reported in the Annual Performance Report to be submitted February 1, 2008.

#### **Discussion of Baseline Data:**

To be reported in Annual Performance Report (APR) to be submitted to the federal Office of Special Education Programs (OSEP) February 1, 2007 and February 1, 2008.



<b>FFY</b>	<b>Measurable and Rigorous Target</b>
<b>2005</b> (2005-2006)	Not required
<b>2006</b> (2006-2007)	Not required
<b>2007</b> (2007-2008)	To be established in Annual Performance Report (APR) to be submitted to the federal Office of Special Education Programs (OSEP) February 1, 2008.
<b>2008</b> (2008-2009)	To be established in Annual Performance Report (APR) to be submitted to the federal Office of Special Education Programs (OSEP) February 1, 2008.
<b>2009</b> (2009-2010)	To be established in Annual Performance Report (APR) to be submitted to the federal Office of Special Education Programs (OSEP) February 1, 2008.
<b>2010</b> (2010-2011)	To be established in Annual Performance Report (APR) to be submitted to the federal Office of Special Education Programs (OSEP) February 1, 2008.

**Improvement Activities/Timelines/Resources will be developed and submitted with the February 2008 Annual Performance Report.**

## Part C State Performance Plan (SPP) for 2005-2010

**Overview of the State Performance Plan Development:** See overview description on page two

### Monitoring Priority: Early Intervention Services In Natural Environments

**Indicator 4:** Percent of families participating in Part C who report that early intervention services have helped the family:

- A. Know their rights;
- B. Effectively communicate their children's needs; and
- C. Help their children develop and learn.

(20 USC 1416(a) (3) (A) and 1442)

#### Measurement:

- A. Percent = # of respondent families participating in Part C who report that early intervention services have helped the family know their rights divided by the # of respondent families participating in Part C times 100.
- B. Percent = # of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs divided by the # of respondent families participating in Part C times 100.
- C. Percent = # of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn divided by the # of respondent families participating in Part C times 100.

#### Overview of Issue/Description of System or Process:

To develop a plan for this indicator a Family Outcome Workgroup was established with members of the State Part C Steering Committee, NJEIS state staff, and REIC staff. The Part C Steering Committee endorsed the recommendation of the workgroup to use the National Center for Special Education Accountability Monitoring (NCSEAM) Parent/Family Survey. The following procedures will be utilized to ensure an adequate representation of family responses:

- NCSEAM family survey will be conducted in the early spring of each year beginning in 2006 to a random sampling of 1500-2000 families who have been in NJEIS at least nine months. The survey will be statewide and include families from every region.
- Paper copies will be mailed in the family's language, if feasible, with a stamped self addressed envelope and cover letter from NJEIS and the state parent training and information center (PTI), the Statewide Parent Advocacy Network (SPAN). The cover letter will explain the purpose & importance of the survey; that help and information is available from the PTI if needed; the results of the survey will be shared with families; the reason the child's specific ID is on the survey is to ensure a representative sample, and the assurance that individual family responses will not be revealed to NJEIS; and that the survey will help NJEIS compare its performance with national data.
- A second letter will be mailed a few weeks after the survey is mailed, reminding families to complete and send in their survey.
- A web-based version of the survey is planned and when available, families receiving the surveys will be informed that they can choose to complete the surveys on-line at either the NJEIS or PTI website.
- Respondents will be placed in a drawing for an incentive to be determined.
- The goal is to have at least 400-500 returned surveys.

- Information about the survey administration will be provided to stakeholders, including disability organizations, service coordinators and service providers so that they can answer family questions and encourage completion. The Regional Early Intervention Collaboratives will be the designated state contact for questions about the survey.
- The survey responses will be analyzed to determine the extent to which the survey responders are reflective of the population of families currently being served by the NJEIS.
- It is anticipated that certain categories of families – for example, families with limited literacy, families speaking languages other than English, immigrant families, etc., will not be sufficiently represented in the returned surveys.
- The NJEIS will contract with the PTI, SPAN, to conduct telephone and/or face-to-face surveys with families in these categories, using SPAN Family Resource Specialists who are located at county-based Special Child Health Services Case Management Units. These part-time Family Resource Specialists (FRSs), including bilingual FRSs, are paid by a grant from the NJ Department of Health and Senior Services' Title V program (not the early intervention program), and are already bound by confidentiality both by their funding source and by SPAN's confidentiality policy. The Family Resource Specialists will be trained to assist families to complete the survey so that they do not unconsciously bias the families' responses. Then they will assist families to complete the surveys, and will continue to assist families until the returned/completed surveys are representative of the families involved in the NJEIS. Completed surveys will be returned to the NCSEAM-identified analysis center for analysis.
- Information regarding the results of the survey will be disseminated to the public; posted on the NJEIS and Regional Early Intervention Collaborative's websites; posted on the websites and summarized in the newsletters of SPAN (the PTI) and disability-specific organizations and organizations represented on the SICC.
- Results will be shared with the Family Support Committee of the SICC and the Part C Steering Committee for review and to make recommendations to the SICC and the NJEIS to improve services.
- Sampling: A Survey Random Sample Calculator is used to calculate how many families are needed for a random sample. The calculation is made by specifying the desired error level and population size. A 90-95% confidence interval is used in the calculation to indicate how many families need to complete the survey to a specified error level. The calculator then projects how many families need to complete the survey based on an estimated response rate. The sample includes the following demographic variables:
  - Geographic area
  - Race and language
  - Disability conditions

**Baseline Data for FFY 2004 (2004-2005):**

Not required until February 1, 2007.

**Discussion of Baseline Data:**

Not Applicable

<b>FFY</b>	<b>Measurable and Rigorous Target</b>
<b>2005</b> (2005-2006)	Not required
<b>2006</b> (2006-2007)	To be established in Annual Performance Report (APR) to be submitted to the federal Office of Special Education Programs (OSEP) February 1, 2007.
<b>2007</b> (2007-2008)	To be established in Annual Performance Report (APR) to be submitted to the federal Office of Special Education Programs (OSEP) February 1, 2007.
<b>2008</b> (2008-2009)	To be established in Annual Performance Report (APR) to be submitted to the federal Office of Special Education Programs (OSEP) February 1, 2007.
<b>2009</b> (2009-2010)	To be established in Annual Performance Report (APR) to be submitted to the federal Office of Special Education Programs (OSEP) February 1, 2007.
<b>2010</b> (2010-2011)	To be established in Annual Performance Report (APR) to be submitted to the federal Office of Special Education Programs (OSEP) February 1, 2007.

**Improvement Activities/Timelines/Resources will be developed and submitted with the Annual Performance Report due February 1, 2007.**

## Part C State Performance Plan (SPP) for 2005-2010

**Overview of the State Performance Plan Development:** See overview description on page two

### Monitoring Priority: Effective General Supervision Part C / Child Find

**Indicator 5:** Percent of infants and toddlers birth to 1 with IFSPs compared to:

- A. Other States with similar eligibility definitions; and
- B. National data.

(20 USC 1416(a) (3) (B) and 1442)

#### Measurement:

- A. Percent = # of infants and toddlers birth to 1 with IFSPs divided by the population of infants and toddlers birth to 1 times 100 compared to the same percent calculated for other States with similar (narrow, moderate or broad) eligibility definitions.
- B. Percent = # of infants and toddlers birth to 1 with IFSPs divided by the population of infants and toddlers birth to 1 times 100 compared to National data.

#### Overview of Issue/Description of System or Process:

- New Jersey has a comprehensive public awareness and child find system including a county based system point of entry that has existed for over twenty years through the Special Child Health Services Case Management Units.
- A statewide list of SCHS-CMUs is disseminated to all primary referral sources through the New Jersey Department of Education CHILD FIND Project; Resources, the Central Directory maintained by the New Jersey Department of Human Services, Division of Disability Services; and Regional Early Intervention Collaboratives (REICs).
- Referral data is used to document trends including age at referral, primary diagnosis, and referral sources.
- New Jersey is one of a handful of States nationwide that has a systemic linkage between its Special Child Health Services Registry and the provision of immediate case management services. This long-standing Registry includes mandated reporting of children born with certain established medical conditions and voluntary reporting of children with other special health care needs. As children are enrolled in the Registry, parents of registered children are contacted by letter and by personnel located in county case management units. This process ensures timely referrals to Part C service coordinators housed within the case management units. The central Registry is located within DHSS.
- New Jersey has a Newborn Hearing Screening program that requires screening of newborn for hearing impairment. Since 2002, birthing facilities are required to screen all newborns electrophysiologically prior to discharge or before the newborn is one month of age regardless of the presence or absence of risk factors. In 2004 99.0% percent of newborns were screened before discharge or by thirty-days after birth. 4.5% of the babies screened were referred for additional testing.
- The NJEIS receives support through the State Improvement Grant under the Department of Education to conduct training events for physicians using a train-the-trainer approach and independent study modules with Continuing Medical Education credits.
  - Endorsement for the physician training project support was secured from the American Academy of Pediatrics/NJ (AAP/NJ) and NJ Academy of Family Physicians (NJAFP) chapters. A collaborative relationship has been developed between the NJEIS, the NJDOE and the AAP/NJ and NJAFP chapters as a result of this training project.

- Participants include pediatricians, developmental pediatricians, family physicians, nurses, pediatric neurologists, neonatologists, clinical geneticists, pediatric dentists, and social workers, osteopaths, parents, the PTI (which also houses New Jersey's Family Voices Chapter), Preschool Early Childhood Resource Consultants from NJOSEP, early intervention regional trainers, and representatives from DHSS.
- Evaluation ratings have been very good - 96.5% of participants agreed or strongly agreed that the content met the educational objectives. Participants highlighted that "parental viewpoint" and the "multiple team participation enhanced understanding of the different aspects of the referral services and system."
- A tracking log of child find activities and material dissemination is maintained by Part B and C lead agencies and REICs and includes:
  - A toll-free number for child find in service 24 hours per day;
  - Media-newspapers, television and radio announcements;
  - State and regional events; and
  - Annual distribution of materials to various public and private agencies, providers, organizations, school districts, etc.
- The annual December 1 child count data is used to document referral trend data including age at referral, primary diagnosis, and referral sources.

#### **Baseline Data for FFY 2004 (2004-2005):**

- A. For Federal fiscal year (FFY) 2004 (2004-2005), New Jersey served 0.53% of infants, birth to one, with IFSPs, compared to 0.91% average for states with similar moderate eligibility.
- B. For Federal fiscal year (FFY) 2004 (2004-2005), New Jersey served 0.53% of infants, birth to one, with IFSPs, compared to the national average of 0.92%.

#### **Discussion of Baseline Data:**

Using 618 child count data from December 1, 2004, NJEIS is serving children birth to age one at a rate lower than both the national average and when compared against states with similar eligibility. For this comparison, New Jersey used the recently revised eligibility criteria rankings provided by OSEP in October 2005. New Jersey remained in the same moderate eligibility criteria with some change in states with similar eligibility. Since New Jersey eligibility does not include at-risk criteria, comparisons to national and similar states were done using the 618 data that excluded children at risk.

Percentages served annually were calculated based on the most current U.S. Census population estimates that are available and take into account population growth from year to year within the state.

- State Part C systems are ranked based on the percentage of children from the December 1 child count that are under age one as an indicator of early identification. However, NJEIS documents age of referral is a better indicator of early identification.
- In New Jersey 2,986 children of the total 7,790 December 1, 2004 count were referred prior to their first birthday, while only 627 children were under age 1 on December 1, 2004. Clearly this demonstrates that age at referral is a better indicator of early identification than the percentage of children under age 1 on December 1. NJEIS noted that when state by state data was reviewed, states with a higher percentage of children <1 on December 1 are predominately states that serve an at-risk population. States that serve children initially counted as at-risk often report that many of the children demonstrate developmental delay at a future time. It is recommended that further national consideration be given to the use of this indicator as a proxy for early identification.

<b>FFY</b>	<b>Measurable and Rigorous Target</b>
<b>2005</b> (2005-2006)	.55 percent of infants and toddlers birth to 1 will have IFSPs
<b>2006</b> (2006-2007)	.62 percent of infants and toddlers birth to 1 will have IFSPs
<b>2007</b> (2007-2008)	.62 percent of infants and toddlers birth to 1 will have IFSPs
<b>2008</b> (2008-2009)	.72 percent of infants and toddlers birth to 1 will have IFSPs
<b>2009</b> (2009-2010)	.82 percent of infants and toddlers birth to 1 will have IFSPs
<b>2010</b> (2010-2011)	.92 percent of infants and toddlers birth to 1 will have IFSPs

**Improvement Activities/Timelines/Resources:**

<b>Improvement Activities</b>	<b>Timelines</b>	<b>Resources</b>
Run and rank county performance on percentage of children birth to one served based on the December 1 count compared to county census data.	February 2006 - 2011	SPOE Database NJEIS Staff
Select counties with low performance and prepare available data on these counties including referral sources, birth registry data, and diagnosed conditions.	February 2006 – 2001	SPOE Database NJEIS Staff Birth Registry Staff & Data
REICs work with identified counties to analyze data, locate community resources and develop targeted child find and public awareness plans to increase the percentage of children birth to one in the identified county.	March 2006-2011	REIC Staff County Service Coordination Units Community Partners
Continue ongoing meetings between NJEIS and the Division of Youth and Family Services (DYFS) to develop policy and procedures to ensure appropriate referral of children under Child Abuse Prevention and Treatment Act (CAPTA) and/or potentially eligible children.	2005-2011	NJEIS State Staff DYFS Staff

<b>Improvement Activities</b>	<b>Timelines</b>	<b>Resources</b>
NJEIS and DYFS facilitation of regional and local collaboration with Child Welfare Planning Councils.	2006-2011	NJEIS State Staff DYFS Staff REIC Staff Service Coordination Child Welfare Planning Councils
Collaborate with SPANs NICU Project to provide information to families about early intervention.	2006-2007	NJEIS SPAN REICs NICUs
Collaborate with the Family Support Committee of the SICC on activities to increase early identification and referral to NJEIS.	2006-2011	NJEIS SICC REICs
Complete two Physician Trainings through the State improvement Grant to encourage early identification and referral of children to NJEIS.	2005-2006	NJEIS NJDOE-OSEP SICC REICs



## Part C State Performance Plan (SPP) for 2005-2010

**Overview of the State Performance Plan Development:** See overview description on page two

### Monitoring Priority: Effective General Supervision Part C / Child Find

**Indicator 6:** Percent of infants and toddlers birth to 3 with IFSPs compared to:

- A. Other States with similar eligibility definitions; and
- B. National data.

(20 USC 1416(a) (3) (B) and 1442)

#### Measurement:

- A. Percent = # of infants and toddlers birth to 3 with IFSPs divided by the population of infants and toddlers birth to 3 times 100 compared to the same percent calculated for other States with similar (narrow, moderate or broad) eligibility definitions.
- B. Percent = # of infants and toddlers birth to 3 with IFSPs divided by the population of infants and toddlers birth to 3 times 100 compared to National data.

#### Overview of Issue/Description of System or Process:

- New Jersey has a comprehensive public awareness and child find system including a county based system point of entry that has existed for over twenty years through the Special Child Health Services Case Management Units.
- A statewide list of SCHS-CMUs is disseminated to all primary referral sources through the New Jersey Department of Education CHILD FIND Project; Resources, the Central Directory maintained by the New Jersey Department of Human Services, Division of Disability Services; and Regional Early Intervention Collaboratives (REICs).
- State data show that referrals to the early intervention program are increasing (e.g. from 2002 to 2003, an increase of 16.07%; and from 2003 to 2004, an increase of 8.09%). The system received 12,500 referrals during SFY 2005 and approximately 75% of these referrals are found eligible for early intervention.
- DHSS continues to provide representation to the MAP to Inclusive Child Care Partners Team in order to facilitate appropriate interagency referral and availability of inclusive opportunities for children and their families. This team is providing resources and information to the NJ Dept of Human Services for ongoing review of the licensing manual for center- and home-based child care settings regarding the inclusion of young children with disabilities. In addition, the team and the NJEIS have collaboratively developed brief, understandable information on early intervention for use by child care providers to help them become more aware of how to help families access the NJEIS and how to share information with families about the system.
- A tracking log of child find activities and material dissemination is maintained by Part B and C lead agencies and REICs and includes:
  - A toll-free number for child find in service 24 hours a day;
  - Media-newspapers, television and radio announcements;
  - State and regional events; and
  - Annual distribution of materials to various public and private agencies, providers, organizations, school districts, etc.
- The annual December 1 child count data is used to document referral trend data including age at referral, primary diagnosis, and referral sources.

**Baseline Data for FFY 2004 (2004-2005):**

- A. For Federal fiscal year (FFY) 2004 (2004-2005), New Jersey served 2.21% of infants and toddlers, birth to three, with IFSPs, compared to states with similar moderate eligibility whose average was 2.87%.
- B. For Federal fiscal year (FFY) 2004 (2004-2005), New Jersey served 2.21% of infants and toddlers, birth to three, with IFSPs, compared to the national average of 2.24%.

**Discussion of Baseline Data:**

Using 618 child count data from December 1, 2004, NJEIS is serving children birth to age three at a rate that is comparable to the national average and slightly lower than states with similar eligibility. For this comparison, New Jersey used the recently revised eligibility criteria rankings provided by OSEP in October 2005. New Jersey remained in the same moderate eligibility criteria with some change in states with similar eligibility. Since New Jersey eligibility does not include at-risk criteria, comparisons to national and similar states were done using the 618 data that excluded children at risk.

<b>FFY</b>	<b>Measurable and Rigorous Target</b>
<b>2005</b> (2005-2006)	2.21 percent of infants and toddlers birth to 3 will have IFSPs
<b>2006</b> (2006-2007)	2.31 percent of infants and toddlers birth to 3 will have IFSPs
<b>2007</b> (2007-2008)	2.31 percent of infants and toddlers birth to 3 will have IFSPs
<b>2008</b> (2008-2009)	2.55 percent of infants and toddlers birth to 3 will have IFSPs
<b>2009</b> (2009-2010)	2.70 percent of infants and toddlers birth to 3 will have IFSPs
<b>2010</b> (2010-2011)	2.87 percent of infants and toddlers birth to 3 will have IFSPs

**Improvement Activities/Timelines/Resources:**

<b>Improvement Activities</b>	<b>Timelines</b>	<b>Resources</b>
Run and rank county performance on percentage of children birth to three served based on the December one count compared to county census data.	February 2006 - 2011	SPOE Database NJEIS Staff
Select counties with low performance and prepare available data on these counties including referral sources, birth registry data, and diagnosed conditions.	February 2006 – 2011	SPOE Database NJEIS Staff Birth Registry Staff & Data

<b>Improvement Activities</b>	<b>Timelines</b>	<b>Resources</b>
REICs work with identified counties to analyze data, locate community resources and develop targeted child find and public awareness plans to increase the percentage of children birth to three in the identified county.	March 2006-2011	REIC Staff County Service Coordination Units Community Partners
Continue ongoing meetings between NJEIS and the Division of Youth and Family Services (DYFS) to develop policy and procedures to ensure appropriate referral of children under Child Abuse Prevention and Treatment Act (CAPTA) and/or potentially eligible children.	2005-2011	NJEIS State Staff DYFS Staff
NJEIS and DYFS facilitation of regional and local collaboration with Child Welfare Planning Councils.	2006-2011	NJEIS State Staff DYFS Staff REIC Staff Service Coordination Child Welfare Planning Councils
Collaborate with the Family Support Committee of the SICC on activities to increase referral to NJEIS.	2006-2011	NJEIS SICC REICs
Complete two Physician Trainings through the State improvement Grant to encourage referral of children to NJEIS.	2005-2006	NJEIS NJDOE-OSEP SICC REICs
Expand use of bilingual service coordinator associates (SCAs-paraprofessionals) to facilitate communication with families who are non-English-speaking.	2005-2011	NJEIS Service Coordination
NJEIS Autism Project Specialist follows national research and incorporates the information into NJEIS recommended practice for the early identification of children on the autism spectrum.	2005-2011	NJEIS Autism Project Specialist NIH NECTAC

## Part C State Performance Plan (SPP) for 2005-2010

**Overview of the State Performance Plan Development:** See overview description on page two

### Monitoring Priority: Effective General Supervision Part C / Child Find

**Indicator 7:** Percent of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline.

(20 USC 1416(a) (3) (B) and 1442)

#### Measurement:

Percent = # of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline divided by # of eligible infants and toddlers evaluated and assessed times 100.

Account for untimely evaluations.

#### Overview of Issue/Description of System or Process

- NJEIS has a system point of entry in each county through the Special Child Health Services Case Management Units.
- NJEIS contracts with a minimum of one provider agency in each of the twenty-one counties to conduct targeted evaluation and assessment, determine eligibility and participate in the development of initial IFSPs.
- All areas of development are evaluated and/or assessed and reported through standard evaluation summaries and a state IFSP form.
- Following determination of eligibility the service coordinator convenes an initial IFSP meeting and locates services for the child and family.
- To ensure ongoing compliance and timely response to emerging issues, evaluations and initial IFSP timeline data are reviewed periodically as follows:
  - Service Coordination Units review weekly.
  - REICs review monthly.
- NJEIS data desk audits are conducted annually by lead agency staff to monitor timely evaluation, assessment and initial IFSP meeting timelines.
  - A 45 day timeline data run is conducted on all twenty-one counties.
  - Additional information is obtained as necessary from county service coordination units.
  - The twenty-one counties are ranked on this indicator.
  - Findings of non-compliance are determined and corrective action plans are developed including required evidence of change.
  - NJEIS provides technical assistance, monitors correction of the non-compliance and ensures correction of non-compliance within one year of identification of the non-compliance to the county.
- Each year NJEIS will determine focused areas for on-site monitoring based on statewide compliance and performance data.

#### Baseline Data for FFY 2004 (2004-2005)

86% percent of eligible infants and toddlers with IFSPs had an evaluation and assessment and an initial IFSP meeting conducted within Part C's 45-day timeline.

### Discussion of Baseline Data:

- The NJEIS conducted a Desk Audit of IFSP meetings held in November 2004 using a System Point of Entry (SPOE) database.
- In November 2004, NJ had 651 eligible infants and toddlers with initial IFSP meetings.
- As a result of the desk audit, a listing of children from each County Service Coordination Unit (SCU) whose initial IFSP meeting exceeded the forty-five day was prepared.
- An Inquiry Response Chart was developed to request additional information from twenty of the twenty-one county Service Coordination Units. Based on initial raw data, Hunterdon County had 100% compliance in the data run and was not requested to send additional information.
- The following data was requested from the remaining twenty Service Coordination Units to drill down to the reasons for delay in conducting the initial IFSP meeting:
  - A. The reason for delay for each child identified (Family delay; IFSP meeting held, IFSP not completed; NJEIS Delay)
  - B. The name of the Service Coordinator responsible for each child.
  - C. The barriers that affected meeting the timeline, the agency response, and the status of timely IFSP meetings.
- Of the 651 infants and toddlers, 562 resulted in an IFSP meeting conducted within 45 days or delays were due to family reasons. (562 of 651 \* 100= 86%)
- The NJEIS reviewed the reasons for delays and determined that 9% of all Initial IFSP meetings were delayed as a result of untimely evaluation and assessment. In response to this identified issue, NJEIS:
  - By March 2005, NJEIS contracted with 3 new targeted evaluation teams.
  - Noted that poor communication existed between and among the Service Coordination Units, Targeted Evaluation Teams (TETs), REICs and NJEIS State office. Therefore, NJEIS required that all 21 county Service Coordination Units meet with their respective TETs and submit interagency procedures, including communication, to ensure timely evaluations and initial IFSP meetings. These were submitted to NJEIS by April 30, 2005.
- Based on an analysis of the inquiry review data, six of the twenty Service Coordination Units were cited for non-compliance and Corrective Action Plans were developed with required evidence of change statements as of April 29, 2005.
  - Three of the six counties achieved 100% compliance prior to the NJEIS required timeline for correction and are well within the Federal one year requirement for correction.
  - Three of six counties have continued to show improvement and are meeting the required NJEIS timelines for correction and are still well within the federally required timeline of correction within one year.
  - NJEIS follows Service Coordination Unit progress, requires monthly reports and provides technical assistance.

FFY	Measurable and Rigorous Target
<b>2005</b> (2005-2006)	100 percent of eligible infants and toddlers with IFSPs will have an evaluation and assessment and an initial IFSP meeting conducted within Part C's 45-day timeline.
<b>2006</b> (2006-2007)	100 percent of eligible infants and toddlers with IFSPs will have an evaluation and assessment and an initial IFSP meeting conducted within Part C's 45-day timeline.
<b>2007</b> (2007-2008)	100 percent of eligible infants and toddlers with IFSPs will have an evaluation and assessment and an initial IFSP meeting conducted within Part C's 45-day timeline.
<b>2008</b> (2008-2009)	100 percent of eligible infants and toddlers with IFSPs will have an evaluation and assessment and an initial IFSP meeting conducted within Part C's 45-day timeline.

<b>2009</b> <b>(2009-2010)</b>	100 percent of eligible infants and toddlers with IFSPs will have an evaluation and assessment and an initial IFSP meeting conducted within Part C's 45-day timeline.
<b>2010</b> <b>(2010-2011)</b>	100 percent of eligible infants and toddlers with IFSPs will have an evaluation and assessment and an initial IFSP meeting conducted within Part C's 45-day timeline.

**Improvement Activities/Timelines/Resources:**

<b>Improvement Activities</b>	<b>Timelines</b>	<b>Resources</b>
Track progress of individual referrals through SPOE data and as necessary address potential delays.	Weekly Monthly	SPOE Database Service Coordination Units REICs
Complete a competitive Request for Proposal to increase the number of Targeted Evaluation Teams and ensure back-up TETs in each county.	2006	NJEIS Staff REICs
Conduct monitoring activities on the 45 day requirement annually including a desk audit, conduct inquiry to obtain additional information from counties, issue findings of noncompliance if necessary, implement corrective action plans, provide technical assistance, and assure correction of noncompliance in accordance with federal requirements.	Winter 2006 - 2011	NJEIS state Monitoring staff SPOE Database

## Part C State Performance Plan (SPP) for 2005-2010

**Overview of the State Performance Plan Development:** See overview description on page two

*(The following items are to be completed for each monitoring priority/indicator.)*

### Monitoring Priority: Effective General Supervision Part C / Effective Transition

**Indicator 8:** Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including:

- A. IFSPs with transition steps and services
- B. Notification to LEA, if child potentially eligible for Part B: and
- C. Transition conference, if child potentially eligible for Part B.

(20 USC 1416(a)(3)(B) and 1442)

#### Measurement:

- A. Percent = # of children exiting Part C who have an IFSP with transition steps and services divided by # of children exiting Part C times 100.
- B. Percent = # of children exiting Part C and potentially eligible for Part B where notification to the LEA occurred divided by the # of children exiting Part C who were potentially eligible for Part B times 100.
- C. Percent = # of children exiting Part C and potentially eligible for Part B where the transition conference occurred divided by the # of children exiting Part C who were potentially eligible for Part B times 100.

#### Overview of Issue/Description of System or Process:

- NJEIS has a system of targeted ongoing service coordination in each county through twenty-one Service Coordination Units.
- Each family's on-going service coordinator is responsible to ensure that all Part C transition requirements are implemented.
- To ensure ongoing compliance and timely response to emerging issues, transition data are reviewed periodically as follows:
  - NJEIS Self Assessments are completed annually by all contracted agencies. Two of the self-assessment indicators that respond to Indicator #8 include:
    - IFSP include transition steps and services (A); and
    - Notification to LEA (B) (Added to SFY 2006 Self-assessment).Any noncompliance identified results in a corrective action plan with required evidence of change statements. All Corrective Action Plans are completed and noncompliance corrected as soon as possible but within one year of identification of the noncompliance to the agency.
  - NJEIS data desk audits are conducted annually by lead agency staff to monitor the occurrence of timely Transition Planning Conferences (TPC) (#8C). Desk audit procedures are as follows:
    - A timeline data report is run for all twenty-one counties on Transition Planning Conferences.
    - Additional information is obtained as necessary from county service coordination units.
    - The twenty-one counties are ranked on the indicator.
    - Findings of non-compliance are determined and corrective action plans are developed including required evidence of change.

- NJEIS provides technical assistance, monitors correction of the non-compliance and ensures correction on non-compliance as soon as possible but within one year of identification of the non-compliance to the county.
- Each Year NJEIS will determine focused areas for on-site monitoring based on statewide compliance and performance data.

#### **Baseline Data for FFY 2004 (2004-2005):**

- A. 94% of children exiting Part C had an IFSP with transition steps and services. (270 in compliance out of 288 records=94%)
- B. Notification to the LEA occurred for 92% of children exiting Part C and potentially eligible for Part B. (24 in compliance out of 26 records=92%)
- C. 85% of children exiting Part C and potentially eligible for Part B had the transition planning conference. (227 in compliance out of 268 records=85%)

#### **Discussion of Baseline Data:**

OSEP's October 4, 2005 APR response letter required that NJEIS provide (1) data and analysis demonstrating compliance with transition steps being included on the IFSP; and (2) updated data demonstrating progress toward compliance for holding a transition conference. These data are provided in response to the APR letter. NJEIS has provided data and analysis that demonstrates achievement of or progress toward 100% compliance in these requirements.

- To obtain baseline data for Indicator #8A, self assessment results from 04-05 were analyzed. According to results from all provider agencies, 94% of children exiting Part C had an IFSP with transition steps and services. NJEIS monitoring staff is in the process of obtaining additional information through the Inquiry process to determine if noncompliance exists and, if necessary, corrective action plans will be developed with required evidence of change ensuring correction within one year of identification.
- NJEIS has corrected the non-compliance in notification to the LEA identified through onsite focused monitoring. To obtain baseline data for Indicator #8B, during 2005-2006, NJEIS conducted transition focused on-site monitoring visits to three of the 21 county service coordination units that had the lowest performance results for conducting the transition planning conference. The following procedures were used to conduct three on-site focused monitoring visits to the service coordination units that had the lowest compliance for this indicator:
  - The state database was used to run a listing of child records to be reviewed during each on-site visit.
  - While on-site, NJEIS reviewed information in each child's record to ensure:
    - Notification to LEA if child was potentially eligible for Part B was documented (#8B);
    - If there was no documentation to LEA, documentation was present that the family chose not to refer or to self-refer; and
    - There was documentation that all other transition requirements were met.
  - In two of the three counties findings of non-compliance were determined and corrective action plans including required evidence of change were developed while on-site.
  - NJEIS provided technical assistance, monitored correction of the non-compliance and ensured correction of non-compliance by November 30, 2005 which was within one year of identification of the non-compliance in each of the counties.
  - Baseline for Indicator #8B, as obtained from these onsite visits, is "Notification to the LEA occurred for 92% of children exiting Part C who were potentially eligible for Part B."
- NJEIS has made significant progress in correcting non-compliance in conducting transition planning conferences. As a result the percent of children exiting Part C and potentially eligible for Part B had the transition planning conference has increased to 92% (255 in compliance out of 276 records). To determine the baseline for Indicator #8C, NJEIS conducted a Desk Audit of all children born in November 2001, who would be three in November 2004 using a System Point of Entry (SPOE) database on 4/20/05.



- As a result of the desk audit, a listing of children whose transition conference was untimely (less than 90 days), was run by Service Coordination Unit and an Inquiry Response Chart was developed to request additional information from twenty of the twenty-one county Service Coordination Units. Based on the initial raw data, Salem County had no children born in November 2001 and therefore was not requested to complete an Inquiry Response Chart.
- The following data was requested from the remaining twenty Service Coordination Units to drill down to the reasons for delay in conducting the transition conference:
  - A. The reason for delay for each child identified (Family delay; EI System delay, LEA delay)
  - B. The name of the Service Coordinator responsible for each child.
  - C. The barriers that affected meeting the timeline, the agency response, and the status of timely Transition conferences.
- Based on an analysis of the inquiry review data, nine of the twenty Service Coordination Units were cited for non-compliance with the Transition Planning Conference and Corrective Action Plans were developed with required evidence of change statements as of September 1, 2005.
  - Four of the nine counties achieved 100% compliance prior to the NJEIS required timeline for correction which was well within the federal requirement of correction within one year.
  - Three of the nine counties have continued to show improvement and are meeting the required NJEIS timelines for correction which are well within the federal requirement of correction in one year.
  - Two of the nine counties have continued to show improvements but are not meeting the level of improvement as per their state required evidence of change timeline. However, these two counties are still well within the federally required timeline of correction within one year. These two agencies have received additional technical assistance and on-site visits are planned.
- In order to address transition requirements, NJEIS is completing the following activities:
  - NJEIS lead staff provided training and technical assistance to each agency that was found to have non-compliance.
  - NJEIS follows Service Coordination Unit progress, requires monthly reports and provides technical assistance.

FFY	Measurable and Rigorous Target
<b>2005</b> (2005-2006)	A. 100% of all children exiting Part C will receive timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including: IFSPs with transition steps and services.
	B. 100% of all children exiting Part C will receive timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including notification to LEA, if child is potentially eligible for Part B.
	C. 100% of all children exiting Part C will receive timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including: a transition conference, if the is child potentially eligible for Part B.
	A. 100% of all children exiting Part C will receive timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including: IFSPs with transition steps and services.

<b>2006</b> <b>(2006-2007)</b>	B. 100% of all children exiting Part C will receive timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including notification to LEA, if child is potentially eligible for Part B.
	C. 100% of all children exiting Part C will receive timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including: a transition conference, if the child is potentially eligible for Part B.
<b>2007</b> <b>(2007-2008)</b>	A. 100% of all children exiting Part C will receive timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including: IFSPs with transition steps and services.
	B. 100% of all children exiting Part C will receive timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including notification to LEA, if child is potentially eligible for Part B.
	C. 100% of all children exiting Part C will receive timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including: a transition conference, if the child is potentially eligible for Part B.
<b>2008</b> <b>(2008-2009)</b>	A. 100% of all children exiting Part C will receive timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including: IFSPs with transition steps and services.
	B. 100% of all children exiting Part C will receive timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including notification to LEA, if child is potentially eligible for Part B.
	C. 100% of all children exiting Part C will receive timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including: a transition conference, if the child is potentially eligible for Part B.
<b>2009</b> <b>(2009-2010)</b>	A. 100% of all children exiting Part C will received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including: IFSPs with transition steps and services.
	B. 100% of all children exiting Part C will receive timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including notification to LEA, if child is potentially eligible for Part B.
	C. 100% of all children exiting Part C will receive timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including: a transition conference, if the child is potentially eligible for Part B.

<b>2010</b> (2010-2011)	A. 100% of all children exiting Part C will receive timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including: IFSPs with transition steps and services.
	B. 100% of all children exiting Part C will receive timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including notification to LEA, if child is potentially eligible for Part B.
	C. 100% of all children exiting Part C will receive timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including: a transition conference, if the child is potentially eligible for Part B.

**Improvement Activities/Timelines/Resources:**

<b>Improvement Activities</b>	<b>Timelines</b>	<b>Resources</b>
Conduct monitoring activities on the transition planning conference requirements and exiting data annually including a desk audit, conduct inquiry to obtain additional information from counties, issue findings of noncompliance if necessary, implement corrective action plans, provide technical assistance and assure correction of noncompliance in accordance with federal requirements.	Winter 2006 - 2011	NJEIS state Monitoring staff SPOE Database
Revise the self assessment tool to collect LEA notification information.	2005	NJEIS Staff REICs
Track transition activities through monthly self-assessment record reviews and as necessary address issues for improvement.	Monthly	Service Coordination Units
Conduct review of self-assessment data and any county developed improvement plans annually, conduct inquiry to obtain additional information from counties, issue findings of noncompliance if necessary, implement corrective action plans, provide technical assistance, and assure correction of noncompliance in accordance with federal requirements.	Winter 2006 - 2011	NJEIS state Monitoring staff REICs SPOE Database
Enhance SPOE to allow REICs and Service Coordination Units to run reports to track status of transition planning conferences.	Fall 2006	NJEIS Staff Covansys Contractor
When the enhancement to SPOE is completed, track transition planning conference data through SPOE data report and as necessary address potential issues in meeting the requirements.	Monthly Quarterly	SPOE Database Service Coordination Units REICs

<b>Improvement Activities</b>	<b>Timelines</b>	<b>Resources</b>
Create and implement a Transition Planning Page for the IFSP form and process.	March 2006	NJEIS Staff REICs
Continue availability of workshops for families at the regional collaborative offices and transition trainings conducted in collaboration between Parts B & C.	2005-2011	NJEIS Staff NJDOE-OSEP REICs SPAN
Plan for and conduct a statewide training on Transition requirements.	Fall 2006	NJEIS Staff NJDOE-OSEP REICs
Revise and disseminate the Transition Booklet for families.	January 2006	NJEIS Staff NJDOE-OSEP REICs Service Coordination Units SPAN (PTI)
Discuss with NJDOE-OSEP the opportunity for collaboration between the Part C and Part B stakeholders regarding transition activities and issues.	Spring 2006	NJEIS Staff NJDOE-OSEP Stakeholders

## Part C State Performance Plan (SPP) for 2005-2010

**Overview of the State Performance Plan Development:** See overview description on page two

### Monitoring Priority: Effective General Supervision Part C / General Supervision

**Indicator 9:** General supervision system (including monitoring, complaints, hearings, etc.) identifies and corrects noncompliance as soon as possible but in no case later than one year from identification.

(20 U.S.C. 1416(a)(3)(B) and 1442)

#### Measurement:

- A. Percent of noncompliance related to monitoring priority areas and indicators corrected within one year of identification:
- # of findings of noncompliance made related to priority areas.
  - # of corrections completed as soon as possible but in no case later than one year from identification.
- Percent = b divided by a times 100.
- For any noncompliance not corrected within one year of identification, describe what actions, including technical assistance and/or enforcement that the State has taken.
- B. Percent of noncompliance related to areas not included in the above monitoring priority areas and indicators corrected within one year of identification:
- # of findings of noncompliance made related to such areas.
  - # of corrections completed as soon as possible but in no case later than one year from identification.
- Percent = b divided by a times 100.
- For any noncompliance not corrected within one year of identification, describe what actions, including technical assistance and/or enforcement that the State has taken.
- C. Percent of noncompliance identified through other mechanisms (complaints, due process hearings, mediations, etc.) corrected within one year of identification:
- # of EIS programs in which noncompliance was identified through other mechanisms.
  - # of findings of noncompliance made.
  - # of corrections completed as soon as possible but in no case later than one year from identification.
- Percent = c divided by b times 100.
- For any noncompliance not corrected within one year of identification, describe what actions, including technical assistance and/or enforcement that the State has taken.

#### Overview of Issue/Description of System or Process:

##### • NJEIS Structure for General Supervision

- The New Jersey Department of Health and Senior Services (DHSS) is designated by the State of New Jersey as the lead agency for early intervention for children, birth to age three, with developmental delays/disabilities and their families. As such, DHSS is ultimately responsible for implementing its general supervisory authority to ensure the availability of appropriate early intervention services for eligible infants, toddlers and their families in accordance with the Part C requirements under IDEA.
- DHSS has a structure in place to support significant activities that promote the implementation and enhancement of the early intervention system. Through contract mechanisms, DHSS supports four Regional Early Intervention Collaboratives (REICs) that are responsible for local

planning, development, and implementation of the early intervention system and for ensuring that families have a voice in decision-making on Regional Boards. Each of the four REICs employs at least one full-time Training and Technical Assistance Coordinator and one full-time Family Support Coordinator. The Family Support Coordinator positions are required to be staffed by a parent of a child with a disability; while not mandatory, two of the Training and Technical Assistance Coordinators are staffed by parents of children with disabilities.

- The Procedural Safeguards Office was established in 1998 to ensure the effective implementation of procedural safeguards by each public agency and private provider in the state involved in the provision of early intervention services.
- The NJEIS implements a general supervision system that identifies deficiencies, ensures correction in a timely manner and promotes enhanced performance and results for children and families. This is accomplished through the procedural safeguards system, a central management information system, data performance and compliance analysis, data verification, public reporting of data, contracts management, agency self-assessment, policies and procedures, stakeholder involvement, family surveys, incident reports, improvement plans, corrective action plans, on-site focused monitoring, personnel development, training, technical assistance, sanctions and enforcement.
- **Coordination of General Supervision Functions to Ensure Correction of Noncompliance and Improvement of Performance**
  - NJEIS collects, reviews and utilizes data for general supervision through an electronic central data system that:
    - Ensures an unduplicated count for federal reporting;
    - Verifies data;
    - Establishes and utilizes trend data for improvement planning;
    - Identifies potential areas of non-compliance that are then targeted for follow-up by telephone, record submission or site visit; and
    - Allows tracking of required corrective actions.
  - A significant component of NJEIS general supervision system is the performance desk audit process that was developed and implemented using data compiled through the System Point of Entry (SPOE) database. The purpose of the SPOE data desk audit is to: (1) ensure data in SPOE are accurate; and (2) to identify noncompliance and areas for improvement.
  - SPOE data desk audits began in February 2005. Compliance and performance data for selected priority indicators are ranked for all counties/provider agencies. An inquiry response format has been developed and implemented to verify accuracy of data, request missing information and determine if barriers were appropriately addressed to correct performance issues. As needed, improvement and corrective action plans are required. All of the corrective action plans requested ensure that correction of non-compliance is achieved within six months of the issue date.
  - The Procedural Safeguards Office has helped to ensure that parents receive and understand their rights and have access to formal, as well as informal systems of dispute resolution, as needed. Procedural safeguards are available to all families and are described in the booklet entitled “Family Rights in the New Jersey Early Intervention System”.
  - Service coordinators are given the responsibility to assist families in accessing informal and formal dispute resolution including completion and submission of requests for formal dispute resolution, if desired. If a parent is seeking dispute resolution concerning their service coordinator, the unit supervisor and/or the relevant REIC are available to assist the family.
  - Parent liaisons are available through the Procedural Safeguards Office to advise parents of their rights under the Early Intervention System and help them understand the options available to them when disputes arise. Parents can work with staff from the REICs, service providers, and the system’s parent liaisons to resolve concerns in an attempt to avoid formal procedures whenever possible.
  - NJEIS utilizes an informal dispute resolution process adopted by the Procedural Safeguards Office. It includes:
    - The Procedural Safeguards Office and designated consultant parent liaisons respond to parent issues/concerns and document contacts on state logs for review and analysis.

- Parents can contact the Procedural Safeguards Office through a toll-free hotline and the nature and scope of their concerns are gathered by a consultant parent liaison within two (2) business days.
- Complainants who call are always advised of their right to file a request for formal dispute resolution at any time.
- Most informal matters are resolved within ten (10) business days and only on rare occasions, where the Procedural Safeguards Office is awaiting documentation to support/dispel the complainant's allegations, does the matter go unresolved beyond ten (10) business days from the date of the complainant's call to the hotline.
- The Procedural Safeguards Coordinator directly intervenes to resolve an informal dispute if the matter cannot be resolved within ten (10) business days, the family specifically requests that the Procedural Safeguards Coordinator directly investigate the matter, or the consultant family liaison determines that the Procedural Safeguards Coordinator should resolve the matter due to the complexity of the dispute.
- Whenever a complainant requests formal dispute resolution, the Procedural Safeguards Office explains to the complainant how to download the Formal Dispute Resolution Request form off the Procedural Safeguards Office website or arranges to mail the forms, and provides families with flowcharts describing the formal dispute resolution processes to help families to understand the processes and timelines for dispute resolution.
- The Procedural Safeguards office continues to provide procedural safeguards training on a regional basis to parents and providers.
- NJEIS developed and implemented a revised database tracking system for use by the Parent Liaisons, and the Procedural Safeguards Office to document informal and formal communications from parents by telephone, emails and/or written letters. The tool tracks date of request, issues, resolutions, and timelines by county. The database provides for unique identifiers that track when informal concerns become requests for formal dispute resolution. A list of issue categories for statewide reporting of informal and formal disputes ensures county/regional/statewide systemic response to issues as necessary.
- A review and analysis of the procedural safeguards database is conducted on a regular basis. Information is shared with state entities including CSPD, REICs, county units and provider agencies, as necessary to facilitate systematic training and technical assistance. The Procedural Safeguards Office reports to the SICC on informal and formal complaints and resulting system responses.
- Formal dispute resolution procedures are used to identify and correct non-compliance. These include:
  - A statewide mediation system is available to ensure parents may voluntarily access a non-adversarial process for the resolution of individual disputes regarding the NJEIS including identification, evaluation and assessment, eligibility determination, placement or the provision of appropriate early intervention services. The Procedural Safeguards Office identifies community dispute resolution centers, mediation centers, and/or individual mediators to provide early intervention mediation services. Mediators are required to undergo training as a condition of serving as mediators. The Procedural Safeguards Office maintains a list of qualified and impartial mediators who are trained in effective mediation techniques and are knowledgeable in laws, regulations and guidelines related to the provision of early intervention services.
  - A statewide impartial hearing system is available to ensure parents may voluntarily access a fair process for the resolution of individual disputes regarding the provision of early intervention services including identification, evaluation and assessment, eligibility determination, placement or the provision of appropriate early intervention services. The Procedural Safeguards Office identifies panels of impartial hearing officers to conduct due process hearings. Hearing panels are composed of a parent of a child who received early intervention services, an attorney, and a professional in the field of early childhood. Impartial hearing panel members must have knowledge about the provisions of Part C of IDEA and the needs of and services available for eligible children and their families.

They are required to undergo training as a condition of serving as impartial hearing officers.

- A complaint resolution process is available to address complaints filed by individual, families, groups, organizations, or from any source, including an organization or individual from another state, indicating a deficiency(s) in the fulfillment of the requirements, or a violation of the requirements, by public or private agencies, which are or have been receiving financial funding or payment under Part C of IDEA or other pertinent state or federal early intervention legislation; or by other public agencies involved in the state's early intervention system. The Procedural Safeguards Office is responsible for investigating and resolving complaints in accordance with Part C requirements.
- An annual self-assessment process is implemented for all provider agencies. This process requires monthly observations and record reviews with annual submission of data to the REICs in September of each year. Any noncompliance identified through the self-assessment process requires a corrective action plan to ensure that all noncompliance is corrected as soon as possible but in no case more than one year from the identification of the noncompliance to the program.
- NJEIS is utilizing the Family Survey developed by the National Center Special Education Accountability Monitoring (NCSEAM). The NJEIS participated in the piloting of the NCSEAM Part C family survey. This instrument and process has been selected because of the rigorous development process it underwent to ensure that the data obtained are valid and reliable. Data from the family survey will be analyzed as part of the identification of issues and areas for improvement. See Indicator 3 for a discussion of how the survey will be implemented and the data utilized.
- On-site focused monitoring is an important component of the NJEIS general supervision system. Each Year NJEIS will determine focused areas for on-site monitoring based on statewide compliance and performance data. Improvement plans and corrective actions plans are issued as a result of findings from onsite visits. The lead agency ensures that all noncompliance is corrected within one year of identification of the noncompliance to the local program. Decisions to conduct on-site focused monitoring visits may be made under the following circumstances: (1) Annually four to six visits are made based on ranked performance data related to priority indicators; (2) As needed, based on incident reports or procedural safeguards complaints; and (3) As needed, based on concerns identified through on-going review of system point of entry (SPOE) or self-assessment data.
- Incident Reports are used to follow-up on specific issues identified by parents, provider agencies, or practitioners to ensure that an individual incident is not indicative of a systemic problem. The incident report requires a provider agency to document that the specific incident is not an indicator of a systemic problem. If the provider agency submits insufficient/non-conclusive documentation or identifies performance issues, the lead agency proceeds with an appropriate next step that may include: desk audit performance review, on-site focused monitoring, improvement plan or corrective action plan.
- In New Jersey the Comprehensive System of Personnel Development (CSPD) is designed as a statewide network of regional training and technical assistance coordinators (T&TA) who work at the regional/local provider level under the guidance of the REICs and state CSPD Coordinator. The New Jersey CSPD:
  - Works on behalf of NJEIS to promote staff recruitment, preparation, qualification, support, and retention in order to assure an adequate supply of qualified, capable and skilled early intervention personnel.
  - Provides training for a variety of early intervention practitioners, including service coordinators and paraprofessionals; families; and primary referral sources.
  - Ensures that training relates specifically to understanding the basic components of early intervention services, the federal Part C requirements, and how to coordinate transition services for infants and toddlers with disabilities from early intervention to a preschool program under Part B of IDEA or to other early childhood services, if needed.



- Provides regional ongoing targeted training and technical assistance to program administrators, service coordinators, and service providers to address areas in need of improvement as well as areas of noncompliance as identified through general supervision activities.
- New Jersey maintains and monitors standards for all early intervention practitioners, requiring educational background and licensure as appropriate for each position in the state.

**Baseline Data for FFY 2004 (2004-2005):**

<b>Requirement</b>	<b>9Aa Number of Findings Issued</b>	<b>9Ab Number of Corrections Made</b>
Transition Steps included in the IFSP	2	2
Transition Planning Conference	9	4

**9B** – No findings of non-compliance were made related to areas not included in the monitoring priority areas and indicators.

**9C** – No findings of non-compliance were identified through complaints, due process hearings or mediations.

**Discussion of Baseline Data:**

NJEIS has found that the use of an effective and comprehensive informal procedure to successfully address parents' issues and concerns resolves issues quickly without families having to use more formal mechanisms. Parents are advised that they may request formal resolution of complaints at any time.

Onsite focused monitoring on transition resulted in two findings of non-compliance related to transition steps included in the IFSP. Corrective action plans including required evidence of change were developed while on-site and corrections have been completed.

Based on an analysis of inquiry review data, nine of twenty Service Coordination Units were cited for non-compliance with the Transition Planning Conference and Corrective Action Plans were developed with required evidence of change statements.

- Four of the nine counties achieved 100% compliance prior to the NJEIS required timeline for correction which was well within the federal requirement of correction within one year.
- Three of the nine counties have continued to show improvement and are meeting the required NJEIS timelines for correction which are well within the federal requirement of correction in one year.
- Two of the nine counties have continued to show improvements but are not meeting the level of improvement as per their state required evidence of change timeline. However, these two counties are still well within the federally required timeline of correction within one year. These two agencies have received additional technical assistance and on-site visits are planned.

The Federal US Department of Education, Office of Special Education Programs (OSEP) response to the NJEIS 2003 Annual Performance Report required that NJEIS submit data demonstrating compliance with the requirement to include steps on the IFSP to support the transition of the child and family as required by 34 CFR 303.344 (h). The response to this indicator is as follows:

- NJEIS performed focused on-site monitoring and technical assistance to agencies who had the lowest performance results in conducting Transition Planning Conferences:

- NJEIS conducted a Transition Planning Conferences timeline data run which identified children who would be turning three.
- During 2005, three focused on-site visits were conducted.
- During these visits, NJEIS Monitoring staff randomly sampled 29 charts identified through the SPOE data run.
- Transition information reviewed included:
  - With parental consent, the transmission of information about the child was released to the LEA including evaluation and assessment information and copies of IFSPs.
  - If child was potentially eligible for Part B documentation was present that notification was made to the LEA. If there was no documentation of notice to the LEA, reviewers looked for documentation that the family chose not to refer or decided to make the referral themselves.
  - Documentation that the Transition to Preschool Booklet was received and reviewed with the family.
- Based on an analysis of the on-site focused monitoring including interviews with service coordinators, NJEIS:
  - Determined that some delays in conducting a transition planning conference were due to service coordinators waiting for LEA response to invitations to participate in the conference.
  - Determined that in some cases, LEAs waited to conduct transition planning in combination with a Part B identification meeting.
- NJEIS clarified while onsite that if the LEA does not get back to the service coordinator in a timely manner, the service coordinator must conduct a timely transition planning conference without LEA representation.

<b>FFY</b>	<b>Measurable and Rigorous Target</b>
<b>2005</b> (2005-2006)	100% of findings will be corrected as soon as possible but in no case later than one year of identification.
<b>2006</b> (2006-2007)	100% of findings will be corrected as soon as possible but in no case later than one year of identification.
<b>2007</b> (2007-2008)	100% of findings will be corrected as soon as possible but in no case later than one year of identification.
<b>2008</b> (2008-2009)	100% of findings will be corrected as soon as possible but in no case later than one year of identification.
<b>2009</b> (2009-2010)	100% of findings will be corrected as soon as possible but in no case later than one year of identification.
<b>2010</b> (2010-2011)	100% of findings will be corrected as soon as possible but in no case later than one year of identification.

**Improvement Activities/Timelines/Resources:**

<b>Improvement Activities</b>	<b>Timelines</b>	<b>Resources</b>
Conduct Annual Desk Audits with SPOE data to identify potential non-compliance, conduct inquiry to obtain additional information as needed, issue findings of noncompliance if necessary, implementation of corrective action plans, provide of technical assistance, and assure correction of noncompliance in accordance with federal requirements.	2005-2011	NJEIS Monitoring Staff
Conduct Incident Report inquiry with provider agencies to determine if individual child/family issues raised with the Procedural Safeguards Office are indicative of a systemic problem and, if yes, cite a finding of noncompliance, implement a corrective action plan, provide technical assistance, and assure correction of noncompliance in accordance with federal requirements.	2005-2011	NJEIS Monitoring Staff
Identify potential non-compliance issues through annual self-assessment data analysis, conduct inquiry to obtain additional information as needed, issue findings of noncompliance if necessary, implement corrective action plans, provide technical assistance, and assure correction of noncompliance in accordance with federal requirements.	2005-2011	NJEIS Monitoring Staff REICs
Conduct on-site focused monitoring visits based on incident reports, procedural safeguards complaints, self-assessment data and concerns identified through on-going review of system point of entry (SPOE) database.	2005-2011	NJEIS Staff
Identify areas for additional professional development using data from Procedural Safeguards Office reports and implement professional development activities as needed to ensure compliance.	2005-2011	NJEIS Staff
Review information from procedural safeguards workshops to identify area on which clarification of law, regulations, policies and procedures are needed to ensure compliance. Issue and disseminate clarifications as needed.	2005-2011	NJEIS Staff

## Part C State Performance Plan (SPP) for 2005-2010

**Overview of the State Performance Plan Development:** See overview description on page two

### Monitoring Priority: Effective General Supervision Part C / General Supervision

**Indicator 10:** Percent of signed written complaints with reports issued that were resolved within 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint.

(20 U.S.C. 1416(a) (3) (B) and 1442)

#### Measurement:

Percent = (1.1(b) + 1.1(c)) divided by (1.1) times 100.

#### Overview of Issue/Description of System or Process:

See Overview of Issue/Description in Indicator 9.

#### Baseline Data for FFY 2004 (2004-2005):

Two signed written complaints were received and dismissed on the basis that they failed to allege a Part C violation.

#### Discussion of Baseline Data:

NJEIS has found that the use of an effective and comprehensive informal procedure to successfully address parents' issues and concerns resolves issues quickly without families having to use more formal mechanisms. Parents are advised that they may request formal resolution of complaints at any time.

During SFY 2004-2005, the Procedural Safeguards Office received and documented the resolution of 145 informal issues utilizing the procedures described in Indicator 9. In all instances parents opted not to request formal resolution. Examples of these informal issues reviewed and resolved include:

- Delay/disruption of services (39%)
- Choice/Availability of provider/therapist (22%)
- Autism (5%)
- Services beyond age 3 (5%)
- Appropriate services (5%)
- Other issues (24%)

FFY	Measurable and Rigorous Target
<b>2005</b> (2005-2006)	100% of signed written complaints with reports issued will be resolved within 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint.
<b>2006</b> (2006-2007)	100% of signed written complaints with reports issued will be resolved within 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint.

<b>2007 (2007-2008)</b>	100% of signed written complaints with reports issued will be resolved within 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint.
<b>2008 (2008-2009)</b>	100% of signed written complaints with reports issued will be resolved within 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint.
<b>2009 (2009-2010)</b>	100% of signed written complaints with reports issued will be resolved within 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint.
<b>2010 (2010-2011)</b>	100% of signed written complaints with reports issued will be resolved within 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint.

**Improvement Activities/Timelines/Resources:**

<b>Improvement Activities</b>	<b>Timelines</b>	<b>Resources</b>
Maintain a procedural safeguards database to track requests for alternative dispute resolution.	2005-2011	NJEIS State Staff
Evaluate and revise the procedural safeguards training format and materials following completion of federal regulations resulting from IDEA reauthorization.	2006-2007	NJEIS State Staff
Conduct periodic procedural safeguards trainings in each region for practitioners and families.	2005-2011	NJEIS Training Team
Link the REIC data regarding informal complaints by families resolved at regional level with the state procedural safeguards database.	Summer 2007	NJEIS State Staff
Explore the feasibility of developing online training and other innovative learning opportunities for families and practitioners.	Summer 2007	NJEIS State Staff SPAN
Revise Family Rights Booklet.	Winter 2007	NJEIS State Staff

## Part C State Performance Plan (SPP) for 2005-2010

**Overview of the State Performance Plan Development:** See overview description on page two

### Monitoring Priority: Effective General Supervision Part C / General Supervision

**Indicator 11:** Percent of fully adjudicated due process hearing requests that were fully adjudicated within the applicable timeline.

(20 U.S.C. 1416(a) (3)(B) and 1442)

#### Measurement:

Percent = (3.2(a) + 3.2(b)) divided by (3.2) times 100.

#### Overview of Issue/Description of System or Process:

See Overview of Issue/Description of System or Process in Indicator 9.

#### Baseline Data for FFY 2004 (2004-2005):

Two due process hearing requests were received in conjunction with Mediation requests. The hearing requests were withdrawn following resolution through Mediation.

#### Discussion of Baseline Data:

NJEIS has found that the use of an effective and comprehensive informal procedure to successfully address parents' issues and concerns resolves issues quickly without families having to use more formal mechanisms. Parents are advised that they may request formal impartial due process hearings at any time.

During SFY 2004-2005, the Procedural Safeguards Office received and documented the resolution of 145 informal issues utilizing the procedures described in Indicator 9. In all instances parents opted not to request a Due Process Hearing. Examples of these informal issues reviewed and resolved include:

- Delay/disruption of services (39%)
- Choice/Availability of provider/therapist (22%)
- Autism (5%)
- Services beyond age 3 (5%)
- Appropriate services (5%)
- Other issues (24%)

FFY	Measurable and Rigorous Target
<b>2005</b> (2005-2006)	100% of fully adjudicated due process hearing requests will be fully adjudicated within the applicable timeline.
<b>2006</b> (2006-2007)	100% of fully adjudicated due process hearing requests will be fully adjudicated within the applicable timeline
<b>2007</b> (2007-2008)	100% of fully adjudicated due process hearing requests will be fully adjudicated within the applicable timeline

<b>2008</b> (2008-2009)	100% of fully adjudicated due process hearing requests will be fully adjudicated within the applicable timeline
<b>2009</b> (2009-2010)	100% of fully adjudicated due process hearing requests will be fully adjudicated within the applicable timeline
<b>2010</b> (2010-2011)	100% of fully adjudicated due process hearing requests will be fully adjudicated within the applicable timeline

**Improvement Activities/Timelines/Resources:**

<b>Improvement Activities</b>	<b>Timelines</b>	<b>Resources</b>
Maintain a procedural safeguards database to track requests for dispute resolution.	2005-2011	NJEIS State Staff
Link the REIC data regarding informal complaints by families resolved at regional level with the state procedural safeguards database.	Summer 2007	NJEIS State Staff
Evaluate and revise the procedural safeguards training format and materials following completion of federal regulations resulting from IDEA reauthorization.	2006-2007	NJEIS State Staff
Conduct bi-annual or more frequently as needed, training for Hearing Officers.	2006-2011	NJEIS State Staff
Conduct periodic procedural safeguards trainings in each region for practitioners and families.	2005-2011	NJEIS Training Team
Continue recruitment of hearing officers to ensure adequate coverage for hearings requested.	2005-2011	NJEIS State Staff REICs
Revise Family Rights Booklet.	Winter 2007	NJEIS State Staff

## Part C State Performance Plan (SPP) for 2005-2010

**Overview of the State Performance Plan Development:** See overview description on page two

### Monitoring Priority: Effective General Supervision Part C / General Supervision

**Indicator 13:** Percent of mediations held that resulted in mediation agreements.

(20 U.S.C. 1416(a)(3)(B) and 1442)

**Measurement:**

Percent =  $(2.1(a)(i) + 2.1(b)(i))$  divided by  $(2.1)$  times 100.

**Overview of Issue/Description of System or Process:**

See Overview of Issue/Description of System or Process in Indicator 9.

**Baseline Data for FFY 2004 (2004-2005):**

100% of requests for mediation resulted in mediation agreements in FY 2004-2005.

**Discussion of Baseline Data:**

Three requests for mediation were received. One request for mediation was settled prior to conducting a mediation session. Two requests for mediation resulted in settlement agreements. Over the last three fiscal years, 100% of all requests for mediation resulted in settlement agreements.

NJEIS has found that the use of an effective and comprehensive informal procedure to successfully address parents' issues and concerns resolves issues quickly without families having to use more formal mechanisms. Parents are advised that they may request mediation at any time.

Fiscal Year	Number of Mediation Requests	Number of Agreements Reached
2002	2	2
2003	9	9
2004	3	3

FFY	Measurable and Rigorous Target
<b>2005</b> (2005-2006)	NJEIS had less than ten mediation requests; therefore no targets have been set for this indicator.
<b>2006</b> (2006-2007)	NJEIS had less than ten mediation requests; therefore no targets have been set for this indicator.
<b>2007</b> (2007-2008)	NJEIS had less than ten mediation requests; therefore no targets have been set for this indicator.



<b>2008</b> (2008-2009)	NJEIS had less than ten mediation requests; therefore no targets have been set for this indicator.
<b>2009</b> (2009-2010)	NJEIS had less than ten mediation requests; therefore no targets have been set for this indicator.
<b>2010</b> (2010-2011)	NJEIS had less than ten mediation requests; therefore no targets have been set for this indicator.

**Improvement Activities/Timelines/Resources:**

<b>Improvement Activities</b>	<b>Timelines</b>	<b>Resources</b>
Maintain a procedural safeguards database to track requests for dispute resolution.	2005-2011	NJEIS State Staff
Link the REIC data regarding informal complaints by families resolved at regional level with the state procedural safeguards database.	Summer 2007	NJEIS State Staff
Evaluate and revise the procedural safeguards training format and materials following completion of federal regulations resulting from IDEA reauthorization.	2006-2007	NJEIS State Staff
Conduct bi-annual or more frequently as needed, training for Mediators.	2006-2011	NJEIS State Staff
Conduct periodic procedural safeguards trainings in each region for practitioners and families.	2005-2011	NJEIS Training Team
Conduct recruitment of mediators to ensure adequate coverage for hearings requested.	2005-2011	NJEIS State Staff REICs
Revise Family Rights Booklet.	Winter 2007	NJEIS State Staff

## Part C State Performance Plan (SPP) for 2005-2010

**Overview of the State Performance Plan Development:** See overview description on page two

### Monitoring Priority: Effective General Supervision Part C / General Supervision

**Indicator 14:** State reported data (618 and State Performance Plan and Annual Performance Report) are timely and accurate.

(20 U.S.C. 1416(a) (3) (B) and 1442)

#### Measurement:

State reported data, including 618 data, State performance plan, and annual performance reports, are:

- a. Submitted on or before due dates (February 1 for child count, including race and ethnicity, settings and November 1 for exiting, personnel, dispute resolution); and
- b. Accurate (describe mechanisms for ensuring accuracy).

#### Overview of Issue/Description of System or Process:

In February 2004, the NJEIS contracted to develop and implement a new and expanded electronic data management system. The expanded electronic management information system was designed to include a child-specific system point of entry (SPOE) database using software developed by the Contractor, Covansys, and modified and enhanced for the NJEIS. The SPOE database provides aggregated data that is reviewed on an established schedule by various components of the system (REICs, lead agency, programs, and service coordinators). The data-base provides information on demographics, timelines, referrals, evaluation, service encounters, IFSPs, transition, etc. This central management system is designed to:

- Bring together demographic, service, and claims/reimbursement information for the full population of children and families in NJEIS.
- Enhance quality assurance by providing data, the key to outcome analysis.
- Provide data for service analysis including planned and delivered services by type and location.
- Maximize provider involvement and options through consolidated and streamlined enrollment and tracking of personnel credentials.
- Ensure that all practitioners are enrolled and meet the personnel requirements of the NJEIS.
- Collect transition data by local school district (Local Education Agency-LEA).
- Increase accountability by establishing data triggers on performance indicators and benchmarks as criteria for monitoring.
- Incorporate the Individualized Family Service Plan (IFSP) as the document that establishes need, and authorizes payment for services for eligible children and their families.
- Provide monthly explanation of benefits to families that will assist in verifying that services were delivered.
- Ensure the timely provision of services to eligible children and their family.
- Meet the financial and data reporting needs of various federal, state, and local fund sources and avoid duplication of effort to collect, maintain and report relevant data.
- Provide on-line access to information using appropriate safeguards to ensure the rights of the child and family.

The final data model for the System Point of Entry (SPOE) database, practitioner enrollment, help desk and service matrix web site were implemented April 2004. Software training on data entry and billing training was completed in by April 30, 2004. Data entry of over 10,000 child records was started on May 7, 2004 and record clean-up to ensure accuracy of data continues to date.

The SPOE database and data entry procedures were implemented to provide ongoing timely and accurate data. Procedures for paperwork flow and data entry have been designed to ensure that data is complete and accurate.

- Paperwork was standardized for referral, intake, family assessment, health and Medical status, IFSP development, team meetings and service encounter verification.
- The SPOE database design requires fields to ensure data is present and, as appropriate, accurate by using drop down menus.
- Data entry was placed at the REIC offices to ensure that paperwork was complete and accurate.
- Service coordination responds to REIC data concerns including identification of missing and/or inaccurate data.
- In the fall of 2004 a SPOE enhancement was implemented to collect reasons for when an initial IFSP meeting exceeds forty-five days from referral.
- NJEIS State staff conduct data desk audits to identify concerns regarding data integrity (e.g.; date of birth, race/ethnicity, and primary language).
- Questionable data is forwarded to REICs for review and clean-up.

**Baseline Data for FFY 2004 (2004-2005):**

State reported data, including 618 data, State performance plan, and annual performance reports, are:

- a. Submitted on or before due dates:
  - Table 1 (Child Count, including race and ethnicity\_
    - Due February 1, 2005, Submitted on March 30, 2005
  - Table 2, 3, 4, 5 ( Settings, Exiting, Services, Personnel)
    - Due November 1, 2005, Submitted on November 1, 2005
  - State performance plan
    - Due December 2, 2005, Submitted December 2, 2005
  - Annual Performance Report (2004)
    - Due March 31, 2005, Submitted May 1, 2005
- b. Accurate (describe mechanisms for ensuring accuracy).
  - The child specific electronic database, standardized state paperwork, and REIC responsibility for data entry assist in ensuring the integrity of data reported.

**Discussion of Baseline Data:**

Any delays in submission of 618 data and Annual Performance Reporting were related to the development and implementation of an electronic data system. The development and implementation activities included paperwork flow, data entry and data clean-up on over 15,000 child records during SFY 2004-2005. The intensity of these activities, as well as the training and technical assistance for the REICs and provider agencies took longer than anticipated. In order to ensure accuracy of data submitted additional clean-up was necessary and delayed timely submission.

FFY	Measurable and Rigorous Target
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<b>2005</b> <b>(2005-2006)</b>	100% of state reported data including 618, SPP and APR will be timely and accurate.
<b>2006</b> <b>(2006-2007)</b>	100% of state reported data including 618, SPP and APR will be timely and accurate.
<b>2007</b> <b>(2007-2008)</b>	100% of state reported data including 618, SPP and APR will be timely and accurate.
<b>2008</b> <b>(2008-2009)</b>	100% of state reported data including 618, SPP and APR will be timely and accurate.
<b>2009</b> <b>(2009-2010)</b>	100% of state reported data including 618, SPP and APR will be timely and accurate.
<b>2010</b> <b>(2010-2011)</b>	100% of state reported data including 618, SPP and APR will be timely and accurate.

**Improvement Activities/Timelines/Resources:**

<b>Improvement Activities</b>	<b>Timelines</b>	<b>Resources</b>
Maintain and enhance the electronic management information business rules to eliminate data entry errors through automated checks and balances.	2005-2011	SPOE Database Covansys Contractor
Conduct periodic data runs of SPOE database to identify and as needed correct missing and/or questionable data.	2005-2011	NJEIS Staff
Maintain a data entry check list and conduct follow-up of missing data or potential data errors.	2005-2011	REIC Staff
Continue enhancements of SPOE Database as described throughout the SPP.	2006-2011	NJEIS Staff SPOE Database Covansys Contractor

**Part C – SPP Attachment 1**  
**Report of Dispute Resolution Under Part C of the Individuals with Disabilities Education Act**  
**Complaints, Mediations, Resolution Sessions, and Due Process Hearings**

SECTION A: Signed, written complaints	
(1) Signed, written complaints total	2
(1.1) Complaints with reports issued	0
(a) Reports with findings	0
(b) Reports within timeline	0
(c) Reports within extended timelines	0
(1.2) Complaints withdrawn or dismissed	2
(1.3) Complaints pending	0
(a) Complaints pending a due process hearing	0

SECTION B: Mediation requests	
(2) Mediation requests total	3 <sup>1</sup>
(2.1) Mediations	
(a) Mediations related to due process	2
(i) Mediation agreements	2
(b) Mediations not related to due process	1
(i) Mediation agreements	0
(2.2) Mediations not held (including pending)	1 <sup>2</sup>

SECTION C: Hearing requests	
(3) Hearing requests total	2
(3.1) Resolution sessions	0
(a) Settlement agreements	0
(3.2) Hearings (fully adjudicated)	0
(a) Decisions within timeline <b>SELECT</b> timeline used (30 day/Part C 45 day/Part B 45 day)	0
(3.3) Resolved without a hearing	2 <sup>3</sup>

<sup>1</sup> Of the 3 mediation requests, 2 were also related to due process hearing requests and resulted in mediation agreements. Moreover, 1 of the requests was for mediation alone and that request was withdrawn by the requester.

<sup>2</sup> This mediation request was withdrawn.

<sup>3</sup> Both hearing requests were withdrawn, as the underlying concerns were addressed through mediation.

## Attachment 2 - New Jersey Part C Steering Committee

Steering Committee Member	Representation
Terry Harrison	NJEIS – Part C Coordinator
Marilyn Dunning	NJEIS – CSPD Coordinator
Oliver Giller	NJEIS – Central Management Office Coordinator
Lorra Hambach	NJEIS – Contracts Coordinator
Nashon Hornsby	NJEIS – Procedural Safeguards Coordinator
Christine Nogami-Engime	NJEIS – Monitoring Coordinator
Sharon Walsh	NJEIS - Consultant
William Agress	SICC Chair - Parent
Toni Spiotta	SICC Vice Chair – Early Intervention Provider Agency
Celeste Andriot Wood	SICC – Dept. of Health & Senior Services
Jill Simone	SICC – Dept. of Human Services, Div. Medical & Health Services
Phil Perlstein	SICC – Dept. of Banking & Insurance
Carol Grant	SICC – Dept. of Human Services, Div. Developmental Disabilities
Ellen Karcher	SICC - Legislator
Bonnie Bogdanoff	SICC Parent
Katherine Doyle	SICC Parent
Jennifer DeMauro	SICC Parent
Norman Rosenblum	SICC Parent
Mary Jo Tivenan-Mackintosh	SICC Parent
Celine Fortin	SICC - The Arc of New Jersey
Joseph Holahan	SICC - Developmental Pediatrician
Carolyn Lane	SICC - Head Start
Susan Richmond	SICC - Council for Developmental Disabilities
Carola d'Emery	SICC - EIP Practitioner
Denise Murray	SICC – Early Intervention Provider Agency
Gerald Kitzhoffer	SICC – Early Intervention Provider Agency
Joyce Salzberg	SICC – Early Intervention Provider Agency
Mary Remhoff	Special Child Health Case Management -Service Coordination
Lauren Agoratus	Family Voices
Lowell Arye or Designee	Alliance for the Betterment of Citizens with Disabilities
Diana MTK Autin	Statewide Parent Advocacy Network (SPAN)
Arthur Ball	NJ Center for Outreach & Services for the Autism Community
Jennifer Halper or Designee	New Jersey Protection & Advocacy, Inc.
Elizabeth Shea	The Arc of New Jersey
Gerard Thiers	ASAH
Barbara Tkach	Dept. of Education 619 Coordinator
Jennifer Buzby	Southern NJ Regional Early Intervention Collaborative
Patti Ciccone	Northeast Regional Early Intervention Collaborative
Susan Marcario	Family Link Regional Early Intervention Collaborative
Cynthia Newman	Mid-Jersey CARES Regional Early Intervention Collaborative
Jennifer McConnell	Regional Training and Technical Assistance Coordinator

**INTERAGENCY COORDINATING COUNCIL  
CERTIFICATION OF ANNUAL REPORT**

On behalf of the Interagency Coordinating Council (ICC) of New Jersey, I certify that the ICC ✓ agrees \_\_\_ disagrees (\*) with the information in the State's Annual Performance Report for Federal Fiscal Year 2004-2005. The ICC understands that 34 CFR §80.40, of the Education Department General Administrative Regulations, requires that the lead agency prepare an Annual Performance Report containing information about the activities and accomplishments of the grant period, as well as how funds were spent. The ICC has reviewed the Report for completeness of its contents and accuracy.

We submit this Report in fulfillment of our obligation under Section 641(e) of the Individuals with Disabilities Education Act to submit an annual report to the Secretary and to the Governor on the status of the State's early intervention program for infants and toddlers with disabilities and their families.

William J. Agass  
Signature of ICC Chairperson

Nov. 29, 2005  
Date

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(\*) The Council may submit additional comments related to the Lead Agency's Annual Performance Report and append comments to the Report.